2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000089527

1. Entity Name
825 US1 CORPORATION

FILED

Jan 22, 2007 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
825 U.S. HWY. 1 JUPITER, FL 33477	825 S. US HWY. 1 340 JUPITER, FL 33445

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01042007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0953612	Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

ZARETSKY, RICHARD P
1655 PALM BEACH LAKES BLVD., STE. 900
W. PALM BEACH, FL 33401

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000596434 01/23/07-80077-023 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MODICA, CHARLES R
STREET ADDRESS	454 S. BEACH RD.
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	S
NAME	ZARETSKY, RICHARD P
STREET ADDRESS	1655 PALM BEACH LAKES, #900
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ "1/17/07 (561)624-1420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #