


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90148 049 \*\*\*150.00

<b>DOCUMENT # P99000098526</b> 1. Entity Name <b>PAUL SELWYN, INC.</b>					
Principal Place of Business <b>3101 PORT ROYALE BLVD #818 FORT LAUDERDALE, FL 33308</b>			Mailing Address <b>3101 PORT ROYALE BLVD #818 FORT LAUDERDALE, FL 33308</b>		
2. Principal Place of Business - No P.O. Box # <b>6859 TOWN HARBOUR BLVD #1412</b>		3. Mailing Address <b>6859 TOWN HARBOUR BLVD #1412</b>			
City & State <b>BOCA RATON, FL</b>		City & State <b>BOCA RATON, FL</b>		4. FEI Number <b>65-1079447</b>	
Zip <b>33433</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SELWYN, PAUL 3101 PORT ROYALE BLVD. #818 FORT LAUDERDALE, FL 33308</b>				7. Name and Address of New Registered Agent  Name <b>SELWYN PAUL</b> Street Address (P.O. Box Number is Not Acceptable) <b>6859 TOWN HARBOUR BLVD #1412</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33433</b>	
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 <b>SELWYN PAUL PRES</b> DATE <b>3/27/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SELWYN, PAUL 3101 PORT ROYALE BLVD. #818 FORT LAUDERDALE, FL 33308</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT SELWYN PAUL 6859 TOWN HARBOUR BLVD #1412 BOCA RATON, FL 33433</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE: SELWYN PAUL, PRESIDENT</b> <b>3/27/07</b> <b>954-411-6576</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40051334



03272007 Chg-P CR2E034 (12/06)

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name **SELWYN PAUL**

Street Address (P.O. Box Number is Not Acceptable)

**6859 TOWN HARBOUR BLVD #1412**

City **BOCA RATON**

**FL**

Zip Code

**33433**

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

**SELWYN PAUL PRES**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/27/07**

**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**

**10. OFFICERS AND DIRECTORS**

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FORT LAUDERDALE, FL 33308**

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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT  
SELWYN PAUL  
6859 TOWN HARBOUR BLVD #1412  
BOCA RATON, FL 33433**

☒ Change ☐ Addition

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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #