

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90074 045 ***150.00

DOCUMENT # S11160

1. Entity Name
FLAMINGO ENTERPRISES, INC.



Principal Place of Business
**8360 W OAKLAND PARK BLVD
201
SUNRISE, FL 33351 US**

Mailing Address
**8360 W OAKLAND PARK BLVD
201
SUNRISE, FL 33351 US**

40104300



04092007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0235284

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MREJEN, ARIE P.A.
701 W CYPRESS CREEK RD
SUITE 302
FT LAUDERDALE, FL 33309**

Name

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

City

FL

Zip Code

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 reappointing)

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **KADOCH, DAVID**
STREET ADDRESS **1250 NW FLAMINGO RD**
CITY-ST-ZIP **PLANTATION, FL**

TITLE **SECRETARY - DIRECTOR** ☐ Change ☒ Addition
NAME **MICHAEL KADOCH**
STREET ADDRESS **1250 NW FLAMINGO ROAD**
CITY-ST-ZIP **FORT LAUDERDALE FL 33323**

TITLE **D** ☒ Delete
NAME **BARONE, LUIZ**
STREET ADDRESS **8360 WEST OAKLAND PARK BLVD**
CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **ARIE MREJEN**
STREET ADDRESS **5051 SW 35TH WAY**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **T** ☐ Delete
NAME **ZOUR, ISRAEL**
STREET ADDRESS **1000 ISLAND BLVD APT 602**
CITY-ST-ZIP **AVENTURA, FL 33160**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **OSWALDO PITUL**
STREET ADDRESS **RUA NELSON VICENTINI, 800 CONDOMINIO RESIDENCIAL ROYAL GOLF**
CITY-ST-ZIP **LOMIAIA -PR - BATEL 86055-480**

TITLE **D** ☐ Delete
NAME **MARTINEZ, JUAN C**
STREET ADDRESS **8360 W. OAKLAND PARK BLVD.**
CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **FOERSTER, BRUCE**
STREET ADDRESS **4045 SHERIDAN AVE #432**
CITY-ST-ZIP **MIAMI, FL 33181**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **MENDIOLA, JOSE**
STREET ADDRESS **1431 NW 139TH AVE**
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #