


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # S42808**  
 1. Entity Name  
 UNIT 1207 CORP.



Principal Place of Business 2800 ISLAND BLVD. #1207 N. MIAMI BEACH, FL 33160	Mailing Address % DAVID ORLOWSKY 800 WEST AVENUE #C-1 MIAMI BEACH, FL 33139
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**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0319103	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 ORLOWSKY, DAVID CPA  
 800 WEST AVENUE  
 #C-1  
 MIAMI BEACH, FL 33139

**DO NOT WRITE IN THIS SPACE**

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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000090168  
 03/17/04-80007-016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HARARI, JACQUES 2800 ISLAND BLVD, #1207 AVENTURA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST HARARI, LYDIA 2800 ISLAND BLVD. #1207 AVENTURA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HARARI, FRIDA D 2800 ISLAND BLVD. #1207 AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 exemption stated in Section 119.07(3)(f), 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: David Orlofsky 03/15/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #