

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 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**



02242006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0319103** Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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)

DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

110000455481
 03/15/06-80058-017 150.00

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

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: *[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Expire Date