## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # S68288**

Entity Name
 EB PROPERTIES, INC.

FILED Feb 26, 2007 08:00 AM Secretary of State

Principal Place of Business

8275 NW 80TH ST MIAMI, FL 33166 US Mailing Address

8275 NW 80TH ST MIAMI, FL 33166

US



01112007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0286206 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHATZ, RICHARD E C/O STEARNS WEAVER MILLER WEISSLER ALHADEFF/150 W FLAGLER ST MIAMI, FL 33130

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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 alignature required when remetating)  DATE						
FIL After Ma	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign     Trust Fund Contribu	~ ~	\$5.00 May Be Added to Fees	000000648632 03/07/07-80017-003 150.00	
10.	OFFICERS AND DIRECTORS				<u></u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKEY, EDWIN W. 8275 NW 80TH ST MIAMI, FL 33166					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS				IN THIS SPACE		

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIN

HIND OFFICER OR DIRECTOR

W. Hay fees

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