

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2007 08:00 AM
Secretary of State

DOCUMENT # S90749

1. Entity Name
1763 TAMIAMI CORPORATION



Principal Place of Business

1601 BELVEDERE RD
SUITE 407 SOUTH
WEST PALM BEACH, FL 33406 US

Mailing Address

1601 BELVEDERE RD
SUITE 407 SOUTH
WEST PALM BEACH, FL 33406 US



04122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0295615

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MAPES, PAUL
1601 BELVEDERE RD
SUITE 407 SOUTH
WEST PALM BEACH, FL 33406

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	METZ, JOHN
STREET ADDRESS	8008 S. FLAGLER COURT
CITY-ST-ZIP	W. PALM BEACH, FL 33405
TITLE	SD
NAME	ASARCH, GAIL
STREET ADDRESS	1601 BELVEDERE RD 407 S
CITY-ST-ZIP	W. PALM BEACH, FL
TITLE	T
NAME	MAPES, PAUL
STREET ADDRESS	1601 BELVEDERE RD, SUITE 407 SOUTH
CITY-ST-ZIP	W. PALM BEACH, FL 33406
TITLE	D
NAME	MEYER, SYDELLE
STREET ADDRESS	1601 BELVEDERE RD, STE 407 SOUTH
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000727751
05/04/07-80060-025 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Paul Metz *Paul Mapes CEO* 4/17/07 (561) 689-6601