FILED
May 03, 2007 8:00 am
Secretary of State
04-09-2007 90079 007 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V31858

1. Entity Name
CHARLES KAPLAN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~9900 WEST SAMPLE ROAD~~ ~~SUITE 400~~ ~~CORAL SPRINGS, FL 33065~~	~~9900 WEST SAMPLE ROAD~~ ~~SUITE 400~~ ~~CORAL SPRINGS, FL 33065~~

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.: 7014 NW 38TH ST
City & State: CORAL SPRINGS, FL
Zip: 33065 Country: USA

3. Mailing Address
SAME AS #2
Suite, Apt. #, etc.:
City & State:
Zip: Country:

03142007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0340883
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~SLATKIN, SHELDON T.~~
~~SUITE 400~~
~~9900 WEST SAMPLE ROAD~~
~~CORAL SPRINGS, FL 33065~~
DECEASED

7. Name and Address of New Registered Agent

Name: CHARLES KAPLAN
Street Address (P.O. Box Number is Not Acceptable):
7014 NW 38TH ST
City: CORAL SPRINGS FL Zip Code: 33065

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: X Charles Kaplan
Signature, type or print name of registered agent, and title if applicable. NOTE: Required Agent signature required when reinstating. DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $500.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P KAPLAN, CHARLES 7014 N.W. 38TH STREET CORAL SPRINGS, FL 33065	☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST KAPLAN, SHEILA 7014 NW 38TH ST. CORAL SPRINGS, FL 33065	☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition

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: Sheila Kaplan 4/7/07 954-752-7666
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #