

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

2007 MAR 19 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0334476	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HERRICK, NORTON
2295 CORPORATE BLVD NW
SUITE 222
BOCA RATON, FL 33431

**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	VST
NAME	HERRICK, NORTON
STREET ADDRESS	2295 CORPORATE BLVD, NW
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	PASD
NAME	HERRICK, HOWARD
STREET ADDRESS	2 RIDGEDALE AVE STE 370
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927
TITLE	VASD
NAME	HERRICK, MICHAEL
STREET ADDRESS	2 RIDGEDALE AVE STE L370
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927
TITLE	D
NAME	HERRICK, EVAN
STREET ADDRESS	2 RIDGEDALE AVE STE 370
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927
TITLE	C
NAME	KERMALLI, NISAR
STREET ADDRESS	2 RIDGEDALE AVE SUITE 370
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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: M. Kermalli Controller 2/16/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

3/20