## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## **FILED** Jan 22, 2007 08:00 AM DOCUMENT # V56088 **Secretary of State** WICH, WICH & WICH, P.A. Principal Place of Business Mailing Address SUITE # 620 - COASTAL TOWER 2400 EAST COMMERCIAL BLVD. SUITE # 620 - COASTAL TOWER 2400 EAST COMMERCIAL BLVD. FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 65-0349484 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WICH, THOMAS M. ESQ. Street Address (P.O. Box Number is Not Acceptable) SUITE 620 - COASTAL TOWER 2400 E. COMMERCIAL BLVD. FT. LAUDERDALE FL 33308 City Zip Code 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 age (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee WIII Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PΠ FITLE ☐ Change Addition 🔲 Detete mu WICH, DONALD A. JR. NAME NAM U000000596025 3076 NW 49TH STREET STREET ADDRESS STREET ADORESS 01/23/07-80062-017 150.00 FT. LAUDERDALE FL CHY-\$1-ZIP CITY+SI-7/P Delete ☐ Change Billi ☐ Addition WICH, THOMAS M NAME 7340 NW 44TH LANE STRUET ADORESS STREET ADONESS COCONUT CREEK F CITY-\$1-719 CITY - ST-718 ☐ Delete THE TITLE Change Addition WICH, JAMES NAME NAMI\* 2864 N.E. 35TH STREET STREET ADDRESS STREET ADDRESS CHY-SI-7IF LIGHTHOUSE POINT FL 33064 CHY-ST-ZIP ☐ Delete ☐ Change Addition NAME. STREET ADDRESS STREET ADDRESS CHY-ST-7IP CHY-SI-7tP Addition ☐ Detete ☐ Change NAMI NAME STREET ADORESS STREET ADDRESS CHY-SI-ZIP CITY-SI-7IP пи Delete ☐ Change Addition BHE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP C17Y - S1 - 71P

Indicated certify that the information supplied with this filling does not quality for the excemptions contained in Section 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 logal 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 or an attachment with an address, with all other like empowered.

GNATURE:

WICH WICH WICH OF BOOK 10.00 PRINTED NAME OF SIGNING PEFICER OR DIRECTOR

BOOK 11.00 Date

Date SIGNATURE: 7

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statutes, I further certify that the information