

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 400017 1. Entity Name FELTMAN BROTHERS, INC.					
Principal Place of Business C/O RICHARD ANDER 197 CEDAR LANE TEANECK N 07666 US			Mailing Address C/O STEPHEN R. REINER 135 CENTRAL PARK W 3-SC NEW YORK NY 10023 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1392597	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GORDON, MITCHELL A. 149 SO RIDGEWOOD AVE PO BOX 968 DAYTONA BCH FL 32115				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				U00000410773 02/09/06-80052-004 150.00	
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, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS REINER, WESLEY 2 SPRING HILL ROAD NORTH SALEM NY 10560			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REINER, STEPHEN 135 CENTRAL PARK WEST NEW YORK NY 10023			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			☐ Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			☐ Delete	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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 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 807, 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: *Stephen R. Reiner* (STEPHEN R. REINER)

1/27/06