


**2005 FOR PROFIT CORPORATION.
ANNUAL REPORT**

3. **FILED**
Apr 21, 2005 8:00 am
Secretary of State

03-18-2005 90053 027 ***150.00

DOCUMENT # F0400000280
1. Entity Name
T. BRESNER ASSOCIATES, INC.



Principal Place of Business Mailing Address
1776 BROADWAY #1206 **1776 BROADWAY #1206**
NEW YORK, NY 10019 **NEW YORK, NY 10019**

66011861



2. Principal Place of Business 3. Mailing Address
128 East 37th St. **128 East 37th St.**
Suite, Apt. #, etc. Suite, Apt. #, etc.

03042005 Chg-P CR2E034 (10/03)

City & State City & State
New York, NY **New York NY**
Zip Country Zip Country
10016 **USA** **10016** **USA**

4. FEI Number Applied For
13-3582729 Not Applicable

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

6. Name and Address of Current Registered Agent
DANA WEISSFIELD BLANKENBAKER
1585 S. OCEAN LANE, #181
FORT LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent
Name **Dana Weissfield Blankenbaker**
Street Address (P.O. Box Number is Not Acceptable) **1658 South Ocean Lane # 146**
City **Fort Lauderdale** FL Zip Code **33316**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRESNER, TRUDI 98 VILLARD AVENUE HASTINGS-ON-HUDSON, NY 10706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11 SUMMIT STREET <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Trudi Bresner* Date: *4/15/05* Daytime Phone #: *212 974 7400*