


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L75106</b>	
1. Entity Name JOSEPH NUDELMAN INC.	

Principal Place of Business 1351 SANGRASS CORP PKWY SUNRISE, FL 33323-2813	Mailing Address 1351 SANGRASS CORP PKWY SUNRISE, FL 33323-2813
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**DO NOT WRITE IN THIS SPACE**



01122007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0202679	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
NUDELMAN, JOSEPH 1351 SAWGRASS CORP PKWY SUNRISE, FL 33323-2813

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD NUDELMAN, JOSEPH 1351 SAWGRASS CORP PKWY SUNRISE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NUDELMAN, NORMA 1351 SAWGRASS CORP PKWY SUNRISE, FL 33313
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**DO NOT WRITE IN THIS SPACE**

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01/19/07-80005-024 150.00

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 an other like empowered.

SIGNATURE: *Norma Nueldman* **NORMA NUDELMAN - 01/15/07** **454-835-2212**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #