

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90013 041 \*\*\*150.00

DOCUMENT # P03000144059  
 1. Entity Name  
 8181 ASSOCIATES, INC.



Principal Place of Business: 4901 NW 17 WAY, STE. 103, FORT LAUDERDALE, FL 33309  
 Mailing Address: 4901 NW 17 WAY, STE. 103, FORT LAUDERDALE, FL 33309

**DO NOT WRITE IN THIS SPACE**



04172008 No Chg-P CR2E034 (11/05)

4. FEI Number: 05-0592542 Applied For: Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 LEVY, ALAN M  
 4901 NW 17 WAY #103  
~~#409~~  
 FORT LAUDERDALE, FL 33309

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JAKABOVITS, ERNO
STREET ADDRESS	1327 H 46 ST.
CITY-ST-ZIP	BROOKLYN, NY 11219
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 an other like empowered.

SIGNATURE: *Erno Jakabovits* 4/22/08 9 54 991-5305  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Erno Jakabovits*