

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12057

Entity Name: DESMAN, INC.

FILED  
Feb 12, 2007  
Secretary of State

**Current Principal Place of Business:**

49 WEST 37TH ST.  
5TH FLOOR  
NEW YORK, NY 10018

**New Principal Place of Business:**

**Current Mailing Address:**

49 WEST 37TH ST.  
5TH FLOOR  
NEW YORK, NY 10018

**New Mailing Address:**

FEI Number: 11-2709775      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: FUJIWARA, JOHN Y  
Address: 1304 FIELDS ST  
City-St-Zip: LAS VEGAS, NV 89142

Title: PDT ( ) Delete  
Name: CHHABRA, GIRDHARI L  
Address: 33 STERLING LANE  
City-St-Zip: SANDSPOINT, NY 11050

Title: VD ( ) Delete  
Name: CHHABRA, ANUP  
Address: 90 STATION ROAD  
City-St-Zip: GREAT NECK, NY 11023

Title: PD ( ) Delete  
Name: REBORA, STEPHEN  
Address: 20 NORTH CLARK STREET  
City-St-Zip: CHICAGO, IL 60602

Title: V ( ) Delete  
Name: TRACY, TIMOTHY  
Address: 49 WEST 37TH STREET  
City-St-Zip: NEW YORK, NY 10018

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANUP CHHABRA

○

02/12/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date