

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000043737

1. Entity Name
ROSENFELD REALTY & DEVELOPMENT, INC.



08 OCT 20 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**C/O LISA A. SCHNEIDER, ESQ
777 S FLAGLER DR., 500 EAST
WEST PALM BEACH, FL 33401 US**

Mailing Address
**C/O LISA A. SCHNEIDER, ESQ
777 S FLAGLER DR., 500 EAST
WEST PALM BEACH, FL 33401 US**



DO NOT WRITE IN THIS SPACE

07072008 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0523295** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**GY CORPORATE SERVICES, INC.
777 SO. FLAGLER DR., SUITE 500E
WEST PALM BEACH, FL 33401**

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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
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LIEBERSON, RHONA S 777 S FLAGLER DR., 500 EAST WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSENFELD, MARC S 777 S FLAGLER DR., 500 EAST WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSENFELD, MITCHELL J 777 S FLAGLER DR., 500 EAST WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSENFELD, ROGER C 777 S FLAGLER DR., 500 EAST WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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10/20/08--01045--001 **150.00

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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 all other like empowered.

SIGNATURE: *Rhona S. Lieberman* 10/18/08 266-5957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

10/21/08