


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000066988**

1. Entity Name  
**VASSAR REAL ESTATE, INC.**




1st MOORE CR2E034 (10/05)

Principal Place of Business <b>23 AUDUBON COURT SHORT HILLS NJ 07078</b>		Mailing Address <b>23 AUDUBON COURT SHORT HILLS NJ 07078</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **58-2480438**  Applied For  
 Not Applied For

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

6. Name and Address of Current Registered Agent

**WEATHERFORD, WILLIAM P JR. ESQ  
 1031 W. MORSE BLVD., STE. 105  
 WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	SILVERMAN, JACK I			NAME	00000458009		
STREET ADDRESS	23 AUDUBON COURT			STREET ADDRESS	03/17/06-80027-009	150.00	
CITY-ST-ZIP	SHORT HILLS NJ 07078			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	SILVERMAN, HELENE			NAME			
STREET ADDRESS	23 AUDUBON COURT			STREET ADDRESS			
CITY-ST-ZIP	SHORT HILLS NJ 07078			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	SILVERMAN, JACK I			NAME			
STREET ADDRESS	23 AUDUBON COURT			STREET ADDRESS			
CITY-ST-ZIP	SHORT HILLS NJ 07078			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	SILVERMAN, HELENE			NAME			
STREET ADDRESS	23 AUDUBON COURT			STREET ADDRESS			
CITY-ST-ZIP	SHORT HILLS NJ 07078			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 807, 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: *Jack I Silverman* **Jack I Silverman President 2/28/06 9733768921**