2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2008 08:00 AM Secretary of State

ANNUAL REPORT			red 14, 2008 08:0		
DOCUMENT # S37044 1. Entity Name EREM, INC.			Secretary	of St	
Principal Place of Business 2772-S NW 43 ST GAINESVILLE, FL 32606 Mailing Address % MAHONEY COHEN FAMILY (1065 AVENUE OF THE AMERIC NEW YORK, NY 10018				31 4 II (111)	
DO NOT WRITE 6. Name and Address of Current R	· · · · · · · · · · · · · · · · · · ·	CE .	41 (211401100)	olied For Applicable	
HOLDEN, CHARLES I., JR. 2772-S NW 43 ST GAINESVILLE, FL 32606	agistarea Agant		DO NOT WRITE IN THIS SPACE		
The above named entity submits this statement for the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and the statement for the obligations of the statement for the obligations of the ob	d site if applicable (NOTE: Registere	d Agent signature require	ered agent, or both, in the State of Florida. I am familiar with, a adwhen reinstating) DATE	ind accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.			5.00 May Be U00000827310 ded to Fees 02/21/08-80097-001 1	.50.00	
10. OFFICERS AND D IIILE S NAME HOLDEN, CHARLES I JR STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL TITLE DPT NAME SPEKTOR, MIRA STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL CITY-ST-ZIP GAINESVILLE, FL 32606	IRECTORS				
111LE			DO NOT WRITE IN THIS SPACE		
IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS		,	2 - NA		

12. Thereby 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DESECTOR.

TW 4 7008

Daytime Phone #