

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S37044

Entity Name: EREM, INC.

FILED  
Jan 09, 2012  
Secretary of State

**Current Principal Place of Business:**

2772-S NW 43 ST  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

% MAHONEY COHEN FAMILY OFFICE SERVICES  
1065 AVENUE OF THE AMERICAS  
NEW YORK, NY 10018

**New Mailing Address:**

FEI Number: 59-3054399      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HOLDEN, CHARLES I., JR.  
2772-S NW 43 ST  
GAINESVILLE, FL 32606      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

**OFFICERS AND DIRECTORS:**

Title: S  
Name: HOLDEN, CHARLES I JR  
Address: 2772-S NW 43 ST  
City-St-Zip: GAINESVILLE, FL

Title: DPT  
Name: SPEKTOR, MIRA  
Address: 2772- S NW 43RD STREET  
City-St-Zip: GAINESVILLE, FL 32606

Title: V  
Name: SPEKTOR, CHARLINE  
Address: 2772- S NW 43RD STREET  
City-St-Zip: GAINESVILLE, FL 32606

Title: V  
Name: SPEKTOR, ALEX  
Address: 2772- S NW 43RD STREET  
City-St-Zip: GAINESVILLE, FL 32606

I hereby 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 all other like empowered.

SIGNATURE: MIRA SPEKTOR

DPT

01/09/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date