


2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000047928**


1. Entity Name  
9195 SURFSIDE CONSULTANTS, INC.



Principal Place of Business      Mailing Address

1030 N. CLARK STREET, STE. 300      1030 N. CLARK STREET, STE. 300  
CHICAGO, IL 60610 US      CHICAGO, IL 60610 US

**DO NOT WRITE IN THIS SPACE**



01312008      No Chg-P      CR2E034 (11/05)

4. FEI Number <b>36-4443454</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOULETAS, NICHOLAS S 1030 N. CLARK STREET, STE. 300 CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOULETAS, STEVEN 1030 N. CLARK STREET, STE. 300 CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CADDEN, JOHN 1030 N. CLARK STREET, STE. 300 CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIBENEDETTO, ANTHONY R 1030 N. CLARK STREET, STE. 300 CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHWARK, JAMES 1030 N. CLARK STREET, STE. 300 CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/05/08-80045-017 158.75

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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 Anthony R. Di Benedetto      Secretary      2-14-2008      312-595-4714

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #