

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 172128

1. Entity Name
JOSEPH FISHBEIN CO., INC.



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

Principal Place of Business

**JOSEPH FISHBEIN
3712 N W 71ST ST
MIAMI, FL 33147**

Mailing Address

**JOSEPH FISHBEIN
3712 N W 71ST ST
MIAMI, FL 33147**



07102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1108647

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FISHBEIN, LAURENCE
3712 NW 71ST ST
MIAMI, FL 33147**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 PD
NAME FISHBEIN, LAURENCE V
STREET ADDRESS 3712 NW 71 ST
CITY-ST-ZIP MIAMI, FL 33147

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U000000954559
07/14/08-80005-005 150.00

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IN THIS SPACE**

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 recorder 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L.V. Fishbein
L.V. FISHBEIN

7/10/08

305 691-8241

Date

Daytime Phone #