

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jun 04, 2007
Secretary of State**

DOCUMENT# 184972

Entity Name: ROBERT W. GOTTFRIED, INC.

Current Principal Place of Business:

219 WORTH AVE
PALM BEACH, FL 33480 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 466
PALM BEACH, FL 33480 US

New Mailing Address:

FEI Number: 59-0773462 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFFPAUER, PAMELA
219 WORTH AVE
PALM BEACH, FL 33480 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: PD () Delete
Name: GOTTFRIED, ROBERT W,
Address: 748 HI-MOUNT RD.
City-St-Zip: PALM BEACH, FL

Title: VP () Delete
Name: HOFFPAUER, PAMELA
Address: 219 WORTH AVE
City-St-Zip: PALM BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOFFPAUER, PAMELA,
Address: 748 HI-MOUNT RD.
City-St-Zip: PALM BEACH, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAMELA HOFFPAUER

PD

06/04/2007

Electronic Signature of Signing Officer or Director

Date