

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 184972

FILED  
Apr 25, 2010  
Secretary of State

**Entity Name:** ROBERT W. GOTTFRIED, INC.

**Current Principal Place of Business:**

340 ROYAL POINCIANA WAY  
SUITE 322A  
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:**

GOTTFRIED, PAMELA  
340 ROYAL POINCIANA WAY  
SUITE 322A  
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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GOTTFRIED, PAMELA  
Address: 748 HI-MOUNT RD.  
City-St-Zip: PALM BEACH, FL

Title: VP  
Name: GOTTFRIED, PAMELA  
Address: 748 HI-MOUNT RD.  
City-St-Zip: PALM BEACH, FL

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: PAMELA GOTTFRIED

PRES

04/25/2010

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

\_\_\_\_\_ Date