2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 01, 2008 8:00 am Secretary of State **DOCUMENT # 260535** 1. Entity Name 05-01-2008 90199 030 ***150 00 FILMORE REALTY CORP. Principal Place of Business Mailing Address 3850 HOLLYWOOD BLVD. 3850 HOLLYWOOD BLVD. 60036422 **SUITE #400 SUITE #400** HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04302008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-1010184 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORNFELD, ROBERT M Street Address (P.O. Box Number is Not Acceptable) 3850 HOLLYWOOD BLVD. **SUITE #400** HOLLYWOOD, FL 33021 Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 गाग ह ☐ Delete TITLE ☐ Change Addition NAME CORNFELD, JUDITH NAME 3850 HOLLYWOOD BLVD #400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL CITY-ST-ZIP TITLE DP ☐ Delete TITLE ☐ Change ☐ Addition CORNFELD, ROBERT M NAME NAME STREET ADDRESS 3850 HOLLYWOOD BLVD., #400 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL CITY-ST-ZIP TITLE ☐ Delete TITLE T Change ☐ Addition CORNFELD, Jeffrey 3850 Hollywood Blud CORNFIELD, JEFFREY NAME NAME STREET ADDRESS 3850 HOLLYWOOD BLVD STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33021 CITY-ST-ZIP Hollywood Fl 33021 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information's upplied with this filling tobes not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied to 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 equired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with any address, with all other like empowered.

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED