2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90014 014 ***150.00

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04302008 Chg-P CR2E034 (12/06)

DOCUMENT # 349153

1. Entity Name
DEFERRED COMPENSATION CONSULTANTS, INC.

Principal Place of Business
19101 MYSTIC POINTE DR.
LPH 06
AVENTURA, FL 33180 US

Mailing Address
P.O. BOX 330050
COCONUT GROVE, FL 33133 US

2. Principal Place of Business - No P.O. Box #: 529 S. FLAGLER DR
Suite, Apt. #, etc.: APT 7E/F
City & State: W. PALM BEACH
Zip: 33401 Country: USA

3. Mailing Address
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. FEI Number: 59-1266824 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

WECHSLER, L. G.
19101 MYSTIC POINTE DR.
LPH 06
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name: WECHSLER, L. G.
Street Address (P.O. Box Number is Not Acceptable): 529 S. FLAGLER DR
APT 7E/F
City: W. PALM BEACH FL Zip Code: 33401

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] 4-30-08
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
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PRES ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WECHSLER,LOUIS G	NAME	
STREET ADDRESS	19101 MYSTIC POINTE DR. LPH 06	STREET ADDRESS	
CITY-ST-ZIP	AVENTURA, FL 33180	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WECHSLER, MICHAEL H	NAME	
STREET ADDRESS	119 BARBARA AVE	STREET ADDRESS	
CITY-ST-ZIP	SAN ANSELMO, CA 94960	CITY-ST-ZIP	
TITLE	SEC ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WECHSLER, JEFFREY R	NAME	
STREET ADDRESS	250 LEUCADENDRA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33156	CITY-ST-ZIP	
TITLE	TRES ☒ Delete	TITLE	TRES ☒ Change ☒ Addition
NAME	WECHSLER, JOSHUA	NAME	SUSAN M. LEHRMAN
STREET ADDRESS	666 GREENWHICH ST #606	STREET ADDRESS	529 S. FLAGLER DR APT 7E/F
CITY-ST-ZIP	NEW YORK CITY, NY 10014	CITY-ST-ZIP	W. PALM BEACH FL 33401
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature] LOUIS G. WECHSLER 4-30-08 305-632-0983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #