## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 368526** 

City-St-Zip:

Entity Name: BART NOTOWITZ, INC

FILED Apr 30, 2008 Secretary of State

Littly Na	IIIE. DARTIN	DIOWITZ, INC.				
Current Principal Place of Business:			New Princi	New Principal Place of Business:		
20020 NE 21 COURT P.O. BOX 3270 (33169) MIAMI, FL 33179				4715 HAYES STREET HOLLYWOOD, FL 33021		
Current Mailing Address:			New Mailing Address:			
20020 NE 21 COURT P.O. BOX 3270 (33169) MIAMI, FL 33179			P.O. BOX 813097 HOLLYWOOD, FL 33081			
FEI Number	: 59-1367614	FEI Number Applied For ( )	FEI Number Not Applic	cable ( ) Certificate of Status Desired (X)		
Name and Address of Current Registered Agent:			Name and A	Name and Address of New Registered Agent:		
The above	21 CT. ACH, FL 3317 named entity		e purpose of changing its	s registered office or registered agent, or both,		
in the State	e of Florida.					
SIGNATU		is Cissortius of Desisters of A		Dete		
Election Car		nic Signature of Registered <i>F</i> g Trust Fund Contribution().	agent	Date		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: PD ( ) Delete Name: BERMAN, JOAN, Address: 20020 NE 21 CT. City-St-Zip: N. MIAMI BEACH, FL			Title: Name: Address: City-St-Zip:	Title: ( ) Change ( ) Addition Name: Address:		
Title: Name: Address: City-St-Zip:	S ( FELDMAN, YE' 20020 NE 21 C N. MIAMI BEAC	т.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: V () Delete Name: BERMAN, LESLIE, Address: 20020 NE 21 CR City-St-Zip: NORTH MIAMI BCH, FL		Name: Address:	Name: SPIEGELMAN, STEPHANI, É Address: P.O. BOX 813097			
Title: Name: Address:	(	) Delete	Name:	VD ( ) Change (X) Addition NOTOWITZ, GREG, P.O. BOX 813097		

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.

City-St-Zip:

HOLLYWOOD, FL 33081

SIGNATURE: STEPHANIE SPIEGELMAN V 04/30/2008