2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State
04-07-2008 90058 012 ***150.00

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1. Entity Name
PUMPERNIK'S OF HALLANDALE, INC.

Principal Place of Business	Mailing Address
1651 NE 115 ST 12 MIAMI, FL 33181	2701 S BAYSHIRE DR 401 COCONUT GROVE, FL 33133

03292008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	c/o G. Kaplan CPA 20801 Biscayne Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 506
City & State	City & State Aventura, FL
Zip / Country	Zip 33180 / Country USA

4. FEI Number 59-1366526 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HERNANDEZ, DAVID
3000 N. UNIVERSITY DR, SUITE E
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
P	BROWN, AARON	7552 NW 71 TERRACE	PARKLAND, FL 33067	☐ Delete
Secretary	MARK LINKSMAN	1651 N.E. 115 STREET Suite 12C	MIAMI, FL 33181	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition

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: Aaron Brown 4-3-08 954-36-2557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #