

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 31, 2007 8:00 am
Secretary of State

08-31-2007 90003 014 ***150.00

DOCUMENT # 398914

1. Entity Name
INDUSTRY PUBLISHERS, INC.



Principal Place of Business
1450 NE 123RD STREET
NORTH MIAMI, FL 33161

Mailing Address
1450 NE 123RD STREET
NORTH MIAMI, FL 33161

DO NOT WRITE IN THIS SPACE

401300



07022007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1395025

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, STANLEY J.
1450 NE 123RD ST.
NO. MIAMI, FL 33161

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHWARTZ, STANLEY J.
STREET ADDRESS 1450 NE 123RD ST.
CITY-ST-ZIP N. MIAMI, FL

TITLE V
NAME KEIGHLEY, MICHAEL
STREET ADDRESS 1450 NE 123RD ST.
CITY-ST-ZIP N. MIAMI, FL

TITLE TD
NAME KATZ, HARDY
STREET ADDRESS 1450 NE 123RD ST.
CITY-ST-ZIP N. MIAMI, FL

TITLE D
NAME GOODMAN, SHEILA
STREET ADDRESS 1450 NE 123RD ST.
CITY-ST-ZIP N. MIAMI, FL

TITLE D *Estate of*
NAME MELTZER, JOEL
STREET ADDRESS 1450 NE 123RD ST.
CITY-ST-ZIP N. MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/2007

Date

305 893 8271

Daytime Phone #