

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 512683

**FILED**  
**Sep 28, 2007**  
**Secretary of State**

**Entity Name:** SUGARMAN ASSOCIATES, INC.

**Current Principal Place of Business:**

1601 N.W. 93 AVE  
DORAL, FL 33172 US

**New Principal Place of Business:**

**Current Mailing Address:**

4965 HAMMOCK LAKE DRIVE  
CORAL GABLES, FL 33156 US

**New Mailing Address:**

**FEI Number:** 59-1687016

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SUGARMAN, STEPHEN  
4965 HAMMOCK LAKE DRIVE  
CORAL GABLES, FL 33156 US

**Name and Address of New Registered Agent:**

SUGARMAN, MARY  
4965 HAMMOCK LAKE DRIVE  
CORAL GABLES, FL 33156 US

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.

SIGNATURE: MARY SUGARMAN

09/28/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SUGARMAN, STEPHEN,  
Address: 4965 HAMMOCK LAKE DR.  
City-St-Zip: CORAL GABLES, FL 33156

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SUGARMAN, MARY,  
Address: 4965 HAMMOCK LAKE DR.  
City-St-Zip: CORAL GABLES, FL 33156

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.

SIGNATURE: MARY SUGARMAN

P/D

09/28/2007

Electronic Signature of Signing Officer or Director

Date