2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 512683

1. Entity Name
SUGARMAN ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1601 N.W. 93 AVE DORAL, FL 33172 US	4965 HAMMOCK LAKE DRIVE CORAL GABLES, FL 33156 US

DO NOT WRITE IN THIS SPACE

01072008   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-1687016	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

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

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 *Mary A. Sugarman*   Mary A. Sugarman   1-8-08

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

U000000782987
01/15/08-80096-019 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	SUGARMAN, MARY
STREET ADDRESS	4965 HAMMOCK LAKE DR.
CITY-ST-ZIP	CORAL GABLES, FL 33156

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Mary A. Sugarman*   Mary A. Sugarman   1-8-08   305-665-1501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #