## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 21, 2008 08:00 Al Secretary of State **DOCUMENT # 671884** 1. Entity Name FRIEDMAN'& COMPANY, INC. Principal Place of Business Mailing Address 2424 SOUTH DIXIE HIGHWAY 2424 SOUTH DIXIE HIGHWAY **MIAMI FL 33133** MIAMI FL 33133 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number Applied For City & State 59-2002870 Not Applicable Ζıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRIEDMAN ALLAN F Street Address (P.O. Box Number is Not Acceptable) 2424 S DIXIE HWY **MIAMI FL 33133** 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 Squature, typed or printed learn of regimened agent and stield in plicacie fNOTE: Registered Agent aignature required when reinstatings DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition NAME FRIEDMAN, ALLAN F NAME U00000911626 STREET ADDRESS 2424 SO DIXIE HWY STREET ADDRESS 05/07/08-80048-011 150.00 DITY-ST-ZIP MIAMI, FL 00000 CITY-ST-ZIP TITLE DPV ☐ Delete Change ■ Addition NAME FRIEDMAN ALLAN F NAME STREET ADDRESS 2424 SO DIXIE HWY STREET ADDRESS CITY-ST-7IP MIAMI, FL 00000 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 10146 ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/9 CITY- \$1-7IP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

ALLAN F FRIEDMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE: .

FILED