


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90009 003 ***150.00

DOCUMENT # 841665			
1. Entity Name HERBERT S. NEWMAN & PARTNERS, PROFESSIONAL CORPORATION			
Principal Place of Business 300 YORK STREET NEW HAVEN, CT 06511		Mailing Address 300 YORK STREET NEW HAVEN, CT 06511	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BELL, OWEN 301 DANIA BEACH BOULEVARD DANIA, FL 33004		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 _____ (NOTE: Registered Agent signature required when renouncing office)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, HERBERT S.	NAME	D Hernandez, Jose
STREET ADDRESS	12 ROUND HILL LANE	STREET ADDRESS	23 Meadow Wood Road
CITY-ST-ZIP	WOODBIDGE, CT 06525	CITY-ST-ZIP	Branford CT 06405
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, EDNA L.	NAME	
STREET ADDRESS	12 ROUND HILL LANE	STREET ADDRESS	
CITY-ST-ZIP	WOODBIDGE, CT 06525	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIFFER, JOSEPH C.	NAME	
STREET ADDRESS	52 RIVERVIEW AVENUE	STREET ADDRESS	
CITY-ST-ZIP	BRANFORD, CT 06405	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNDAY, RICHARD	NAME	
STREET ADDRESS	59 LINCOLN ST	STREET ADDRESS	
CITY-ST-ZIP	NEW HAVEN, CT 06511	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRY, MAVIS B	NAME	
STREET ADDRESS	117 NORTHFORD RD.	STREET ADDRESS	
CITY-ST-ZIP	BRANFORD, CT 06405	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Currie Archibald III	NAME	
STREET ADDRESS	12 Eversley Ave.	STREET ADDRESS	
CITY-ST-ZIP	Norwalk, CT 06851	CITY-ST-ZIP	
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: <u>Mavis B. Terry</u>		Date: <u>2-6-08</u>	Daytime Phone #: <u>(203) 772-1490</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			