

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 853370



1. Entity Name
C & O REALTY CORP.

Principal Place of Business
36 EAST 74TH ST.
NEW YORK NY 10021

Mailing Address
36 EAST 74TH ST.
NEW YORK NY 10021



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 13-3119322

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINDSEY, DONNA HUANG
15924 ELLSWORTH DR.
TAMPA FL 33647

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

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME HUANG, PAUL
STREET ADDRESS 36 E. 74TH ST.
CITY- ST- ZIP NY NY

TITLE VD ☐ Delete
NAME HUANG, CHARLES
STREET ADDRESS 36 E. 74TH ST.
CITY- ST- ZIP NEW YORK NY

TITLE VSD ☐ Delete
NAME LINDSEY, DONNA HUANG
STREET ADDRESS 15924 ELLSWORTH DR
CITY- ST- ZIP TAMPA FL

TITLE D ☐ Delete
NAME CHA, ASSUNTA
STREET ADDRESS 5 WILLOW CRESENT
CITY- ST- ZIP BROOKLINE MA

TITLE D ☐ Delete
NAME IP, CECILIA
STREET ADDRESS 427 PAZZI RD.
CITY- ST- ZIP WALNUT CREEK CA

TITLE D ☐ Delete
NAME MARTI, DUEN
STREET ADDRESS UNTERE HARDEGG 32
CITY- ST- ZIP 4600 OLTEN, SWITZ.

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000645418
CITY- ST- ZIP 03/05/07-80006-012 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #