2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000885

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50 BROADWAY, 5TH FLOOR

NEW YORK, NY 10004

Title:

Name:

Address:

City-St-Zip:

COO

ARNOW, DAVID

FILED May 13, 2009 Secretary of State

Entity Nai	me: GFIMAN	AGEMENT SERVICES, INC.					
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business: 50 BROADWAY, 4TH FLOOR NEW YORK, NY 10004			
	DWAY, 5TH FL RK, NY 10004	OOR					
Current M	lailing Addres	s:	New Maili	New Mailing Address:			
50 BROADWAY, 5TH FLOOR NEW YORK, NY 10004			50 BROADWAY, 4TH FLOOR NEW YORK, NY 10004				
FEI Number:	: 13-3697176	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired	()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
653 WEST SUITE 229 PANAMA (The above	T 23RD STREE) CITY, FL 3240	5 US	purpose of changing i	ts registered	l office or registered agent, o	r both,	
SIGNATU							
Election Car	ce with s. 607.19	ic Signature of Registered A 3(2)(b), F.S., the corporation did I Trust Fund Contribution (). TORS:	not receive the prior notic		Date S TO OFFICERS AND DIRI	ECTORS	
Title: Name: Address: City-St-Zip:	P () GROSS, ALLEN 50 BROADWAY NEW YORK, N	, 5TH FLOOR	Title: Name: Address: City-St-Zip:	GROSS, ALL	AY, 4TH FLOOR		
Title: Name: Address: City-St-Zip:	VP () SCHACTER, AL 50 BROADWAY NEW YORK, NY	, 5TH FLOOR	Title: Name: Address: City-St-Zip:	ZLOTNICK, A	/AY, 4TH FLOOR		

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ANDREW ZLOTNICK ٧ 05/13/2009

() Change () Addition