

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90015 001 ***150.00

DOCUMENT # F01000003572					
1. Entity Name FRIEDMAN, MANGER & CO., INC.					
Principal Place of Business 151 E. MAIN STREET RAMSEY, NJ 07446			Mailing Address P.O. BOX 371 RAMSEY, NJ 07446		
2. Principal Place of Business 6679 Jog Palm Drive Suite, Apt. #, etc.			3. Mailing Address PO Box 74882 Suite, Apt. #, etc.		
City & State Boynton Beach, FL		City & State Boynton Beach, FL		4. FEI Number 22-2105081	
Zip 33437		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIVERS, MARY 2061 NW BOCA RATON BLVD., #202 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name: Mary Rivers Street Address (P.O. Box Number is Not Acceptable): 6679 Jog Palm Drive City: Boynton Beach FL Zip Code: 33437	
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 RIVERS (VP) 3-6-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when replacing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 CP NAME LEONARD, JAMES STREET ADDRESS 3 JACOBAN WAY CITY-ST-ZIP MAHWAH, NJ 07430	<input type="checkbox"/> Delete		TITLE CP NAME Leonard, James STREET ADDRESS 15814 Vivanco St CITY-ST-ZIP Delray Beach, FL 33446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DS NAME RIVER, MARY STREET ADDRESS 940 SWEETWATER LANE, #504 CITY-ST-ZIP BOCA RATON, FL 33431	<input type="checkbox"/> Delete		TITLE DS NAME Rivers, Mary STREET ADDRESS 6679 Jog Palm Drive CITY-ST-ZIP Boynton Beach, FL 33437	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 RIVERS (201)838-9900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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