


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90078 001 ***150.00
07-21-2008 90078 002 *****8.75

DOCUMENT # F02000004993 1. Entity Name PARADYSZ MATERA COMPANY, INC.	
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Principal Place of Business 5 HANOVER SQUARE 6TH FLOOR NEW YORK, NY 10004	Mailing Address 5 HANOVER SQUARE 6TH FLOOR NEW YORK, NY 10004
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66015496



07082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3562503	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., SUITE 508 MIAMI, FL 33156
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**DO NOT WRITE
IN THIS SPACE**

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
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP PARADYSZ, CHRISTOPHER 5 HANOVER SQ NEW YORK, NY 10004
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS ROSANO, JOEL 5 HANOVER SQ NEW YORK, NY 10004
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 a full address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER PARADYSZ

Date

Daytime Phone #

7/09/08 212-387-0300