
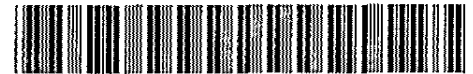


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000000054 1. Entity Name MAHONEY COHEN & COMPANY, CPA, P.C.					
Principal Place of Business 1065 AVENUE OF THE AMERICAS NEW YORK NY 10018			Mailing Address 1065 AVENUE OF THE AMERICAS NEW YORK NY 10018		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 13-2806641	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., STE. 508 MIAMI FL 33156				7. Name and Address of New Registered Agent Name Street Address (R.O. Box Number is Not Applicable) City	
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.				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
SIGNATURE _____ (NOTE: Registered Agent signature required when terminating)				DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST SCHAEFER, STEPHEN 1065 AVENUE OF THE AMERICAS NEW YORK NY 10018	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DC GARTEN, MARK 1065 AVENUE OF THE AMERICAS NEW YORK NY 10018	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP HERWITZ, GARY 1065 AVENUE OF THE AMERICAS NEW YORK NY 10018	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WEISSMAN, MARVIN 1065 AVENUE OF THE AMERICAS NEW YORK NY 10018	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	



1st MOORE

CR2E034 (10/04)

4. FEI Number
13-2806641

Applied For
Not Applicable

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

**UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD., STE. 508
MIAMI FL 33156**

Name
Street Address (R.O. Box Number is Not Applicable)
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 terminating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
ST
SCHAEFER, STEPHEN
1065 AVENUE OF THE AMERICAS
NEW YORK NY 10018

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
1100000225177
02/11/05-80027-021 150.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DC
GARTEN, MARK
1065 AVENUE OF THE AMERICAS
NEW YORK NY 10018

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DP
HERWITZ, GARY
1065 AVENUE OF THE AMERICAS
NEW YORK NY 10018

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
WEISSMAN, MARVIN
1065 AVENUE OF THE AMERICAS
NEW YORK NY 10018

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

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

02/08/05 212-790-5706
Date Daytime Phone #