2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jul 07, 2008 8:00 am
Secretary of State
05-29-2008 90198 045 ***150.00

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1. Entity Name
PETRY HOLDING INC.

66015050

Principal Place of Business	Mailing Address
500 WEST CYPRESS CREEK RD FORT LAUDERDALE, FL	3 EAST 54TH ST. NEW YORK, NY 10022

01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0232112
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 32301-2960

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	MCAULIFF, TIMOTHY
STREET ADDRESS	3 EAST 54TH STREET
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	VP/C
NAME	LEMON, WILSON JR
STREET ADDRESS	3 EAST 54TH STREET.
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	CFO
NAME	Steve Berlin
STREET ADDRESS	3 East 54th Street
CITY-ST-ZIP	N.Y. N.Y 10022
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #