

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F04000004292**

1. Entity Name  
**AYC., LTD.-INC.**



Principal Place of Business

**62 GREENE STREET  
NEW YORK, NY 10012**

Mailing Address

**62 GREENE STREET  
NEW YORK, NY 10012**

**DO NOT WRITE IN THIS SPACE**



04112006 No Chg-P CRZE034 (11/05)

4. FEI Number **13-3708055** Applied For  
Not Applicable

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

8. Name and Address of Current Registered Agent

**KEWL-DURFEY, GRACE  
5781 RIVERSIDE DRIVE, #105  
CORAL SPRINGS, FL 33067**

**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 the fee applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	AYCOCK, ALICE
STREET ADDRESS	62 GREENE STREET
CITY - ST - ZIP	NEW YORK, NY 10012
TITLE	S
NAME	DORCHAK, TOM
STREET ADDRESS	62 GREENE STREET
CITY - ST - ZIP	NEW YORK, NY 10012
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000513062  
04/28/06-80112-015 150.00

**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 an address, with all other like empowered.

SIGNATURE-

*[Handwritten Signature]*