

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90061 041 ***150.00

DOCUMENT # F05000000955

1. Entity Name

SAFDIE INVESTMENT SERVICES CORP.



Principal Place of Business
**320 PARK AVE 21ST FL.
NEW YORK NY 10022**

Mailing Address
**320 PARK AVE 21ST FL.
NEW YORK NY 10022**



2. Principal Place of Business

360 Madison Ave. 19th Fl.
Suite, Apt. #, etc.

3. Mailing Address

360 Madison Ave. 19th Fl.
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

New York, NY
Zip **10017** Country **USA**

City & State

New York, NY
Zip **10017** Country **USA**

4. FEI Number

13-4121213

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SISSO, ALBERTO
1250 E. HALLANDALE BEACH BLVD.
HALLANDALE BEACH FL 33009**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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

After May 1, 2006 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SCHNEIDER, KEITH	
STREET ADDRESS	320 PARK AVE 21ST FL.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	COO	<input checked="" type="checkbox"/> Delete
NAME	CAPPETO, PATRICIA	
STREET ADDRESS	320 PARK AVE 21ST FL.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAFDIE, MAURICIO	
STREET ADDRESS	320 PARK AVE 21ST FL.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAUSER, MARC	
STREET ADDRESS	320 PARK AVE 21ST FL.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	FINO	<input type="checkbox"/> Delete
NAME	GILMAN, DAVID	
STREET ADDRESS	320 PARK AVE 21ST FL.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vlad Uchenik	
STREET ADDRESS	360 Madison Ave. 19th Fl.	
CITY-ST-ZIP	New York, NY 10017	
TITLE	Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gabriel Safdie	
STREET ADDRESS	360 Madison Ave. 19th Fl.	
CITY-ST-ZIP	New York, NY 10017	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Vlad Uchenik
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vlad Uchenik

1/24/06

Date

(212) 457-8610

Daytime Phone #