


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90105 021 \*\*\*158.75

<b>DOCUMENT # F05000000955</b>	
1. Entity Name <b>SAFDIE INVESTMENT SERVICES CORP.</b>	

Principal Place of Business <b>360 MADISON AVE., 19TH FL NEW YORK, NY 10017</b>	Mailing Address <b>360 MADISON AVE., 19TH FL NEW YORK, NY 10017</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

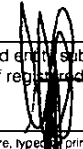


01042007 Chg-P CR2E034 (12/06)

4. FEI Number <b>13-4121213</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SISSO, ALBERTO</b> <b>1250 E. HALLANDALE BEACH BLVD.</b> <b>HALLANDALE BEACH, FL 33009</b>		Name <b>Alberto Sisso</b> Street Address (P.O. Box Number is Not Acceptable) <b>19495 Biscayne Blvd., Suite 403</b> City <b>Aventura</b> FL Zip Code <b>33180</b>	

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  <b>Alberto Sisso</b>	DATE <b>1/9/07</b>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COO</b> <b>UCHENIV, VLAD</b> <b>360 MADISON AVE, 19TH FL</b> <b>NEW YORK, NY 10017</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COO</b> <b>UCHENIV, VLAD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>SELICHE, GABRIEL</b> <b>360 MAISON AVE, 19TH FL</b> <b>NEW YORK, NY 10017</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairman</b> <b>Safdie, Gabriel</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SAFDIE, MAURICIO</b> <b>320 PARK AVE 21ST FL.</b> <b>NEW YORK, NY 10022</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director of Trading</b> <b>Vorchheimer, Julius</b> <b>Suite 360 Madison Ave, 19th Floor.</b> <b>New York, NY 10017</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAUSER, MARC</b> <b>320 PARK AVE 21ST FL.</b> <b>NEW YORK, NY 10022</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Hauser, Marc</b> <b>360 Madison Ave., 19th Floor</b> <b>New York, NY 10017</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FINO</b> <b>GILMAN, DAVID</b> <b>320 PARK AVE 21ST FL.</b> <b>NEW YORK, NY 10022</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FINOP</b> <b>Gilman, David</b> <b>360 Madison Ave, 19th Fl</b> <b>New York, NY 10017</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

<b>SIGNATURE:</b>  <b>Vlad Ucheniv</b>	<b>1/9/07</b>	<b>212-457-8610</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #