


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90089 001 \*\*\*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>
--	--

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
01082008 Chg-P	CR2E034 (12/06)
4. FEI Number <b>13-4121213</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>SISSO, ALBERTO 19495 BISCAYNE BLVD. STE. 403 AVENTURA, FL 33180</b>	

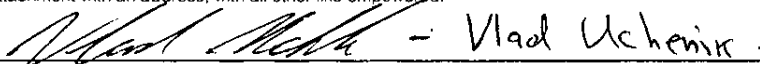
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 _____	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE	COO <input type="checkbox"/> Delete
NAME	<b>UCHENIK, VLAD</b>
STREET ADDRESS	<b>360 MADISON AVE, 19TH FL</b>
CITY-ST-ZIP	<b>NEW YORK, NY 10017</b>
TITLE	C <input type="checkbox"/> Delete
NAME	<b>SAFDIE, GABRIEL</b>
STREET ADDRESS	<b>360 MAISON AVE, 19TH FL</b>
CITY-ST-ZIP	<b>NEW YORK, NY 10017</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>VORCHHEIMER, JULIUS</b>
STREET ADDRESS	<b>360 MADISON AVE. 19TH FLOOR</b>
CITY-ST-ZIP	<b>NEW YORK, NY 10017</b>
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	<b>HAUSER, MARC</b>
STREET ADDRESS	<b>360 MADISON AVE. 19TH FLOOR</b>
CITY-ST-ZIP	<b>NEW YORK, NY 10017</b>
TITLE	FINO <input type="checkbox"/> Delete
NAME	<b>GILMAN, DAVID</b>
STREET ADDRESS	<b>360 MADISON AVE. 19TH FLOOR</b>
CITY-ST-ZIP	<b>NEW YORK, NY 10017</b>
TITLE	1 <input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Le Ber, Claude</b>
STREET ADDRESS	<b>360 Madison Ave, 19th FL.</b>
CITY-ST-ZIP	<b>New York, NY 10017</b>
TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Dragon, Francois</b>
STREET ADDRESS	<b>360 Madison Ave, 19th FL.</b>
CITY-ST-ZIP	<b>New York, NY 10017</b>
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 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>212-457-8610</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date