

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000955

FILED  
Mar 04, 2009  
Secretary of State

Entity Name: SAFDIE INVESTMENT SERVICES CORP.

## Current Principal Place of Business:

360 MADISON AVE., 19TH FL  
NEW YORK, NY 10017

## New Principal Place of Business:

360 MADISON AVENUE  
19TH FL  
NEW YORK, NY 10017

## Current Mailing Address:

360 MADISON AVE., 19TH FL  
NEW YORK, NY 10017

## New Mailing Address:

360 MADISON AVENUE  
19TH FL  
NEW YORK, NY 10017

FEI Number: 13-4121213

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SISSO, ALBERTO  
19495 BISCAYNE BLVD. STE. 403  
AVENTURA, FL 33180 US

## Name and Address of New Registered Agent:

GLANZBERG, PERLA  
19495 BISCAYNE BLVD. STE. 403  
AVENTURA, FL 33180 US

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.

SIGNATURE: PERLA GLANZBERG

03/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: COO ( ) Delete  
Name: UCHENIK, VLAD  
Address: 360 MADISON AVE, 19TH FL  
City-St-Zip: NEW YORK, NY 10017

Title: C ( ) Delete  
Name: SAFDIE, GABRIEL  
Address: 360 MAISON AVE, 19TH FL  
City-St-Zip: NEW YORK, NY 10017

Title: D ( ) Delete  
Name: VORCHHEIMER, JULIUS  
Address: 360 MADISON AVE, 19TH FLOOR  
City-St-Zip: NEW YORK, NY 10017

Title: D ( ) Delete  
Name: LEBER, CLAUDE  
Address: 360 MADISON AVE, 19TH FLOOR  
City-St-Zip: NEW YORK, NY 10017

Title: FINO ( ) Delete  
Name: GILMAN, DAVID  
Address: 360 MADISON AVE, 19TH FLOOR  
City-St-Zip: NEW YORK, NY 10017

Title: D ( ) Delete  
Name: DRAGON, FRANCOIS  
Address: 360 MADISON AVE, 19TH FL  
City-St-Zip: NEW YORK, NY 10017

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CCO (X) Change ( ) Addition  
Name: SHIM, KATHERINE  
Address: 360 MADISON AVE, 19TH FL  
City-St-Zip: NEW YORK, NY 10017

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHERINE SHIM

CCO

03/04/2009

Electronic Signature of Signing Officer or Director

Date