

2007 FOR PROFIT CORPORATION ANNUAL REPORT

8/28/2007-90023-041-\$550.00-\$550.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 17 AM 9:21

DOCUMENT # F06000001004			
1. Entity Name WINMAR OPERATING CORP.			
Principal Place of Business 230 PARK AVENUE, SUITE 659 NEW YORK, NY 10169		Mailing Address 230 PARK AVENUE, SUITE 659 NEW YORK, NY 10169	
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
4. FEI Number 13-2725013		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ DATE _____ Signature: Officer or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HELMSLEY, LEONA M 230 PARK AVENUE, SUITE 659 NEW YORK, NY 10169 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: <u>Abel Wolf</u> (ABE WOLF)		Date: <u>8/2/07</u> 212-679-3600	