

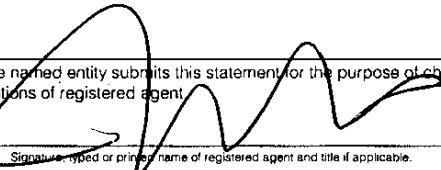
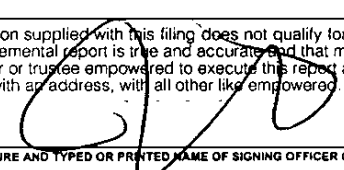


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90062 041 ***158.75

DOCUMENT # F06000003328 1. Entity Name STUART FRANKEL & CO., INCORPORATED					
Principal Place of Business 220 E. 42ND STREET, 29TH FLOOR NEW YORK, NY 10017			Mailing Address 220 EAST 42ND STREET, 29TH FLOOR NEW YORK, NY 10017		
2. Principal Place of Business - No P.O. Box # 22 Bayview Ave 2FL Suite, Apt. #, etc. 2nd FL		3. Mailing Address 22 Bayview Ave 2FL Suite, Apt. #, etc. 2nd FL		40066210 	
City & State Manhasset NY		City & State Manhasset, NY		4. FEI Number 13-3430942	
Zip 11030		Country Nassau		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRANKEL, STUART 6724 CASA GRANDE WAY DELRAY BEACH, FL 33446				7. Name and Address of New Registered Agent Name Frankel, Stuart Street Address (P.O. Box Number is Not Acceptable) One N. Ocean Blvd Unit 505 City Boca Raton FL Zip Code 33432	
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  _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P FRANKEL, JEFFREY 220 E. 42ND STREET, 29TH FLOOR NEW YORK, NY 10017	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 22 Bayview Ave, 2nd Floor Manhasset, NY 11030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRANKEL, ANDREW 220 E. 42ND STREET, 29TH FLOOR NEW YORK, NY 10017	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 22 Bayview Ave 2nd Floor Manhasset, NY 11030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FRANKEL, STUART 6724 CASA GRANDE WAY DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One N. Ocean Blvd, Unit 505 Boca Raton, FL 33432
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	
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	
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.					
SIGNATURE:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date _____ Daytime Phone # _____	