

**2008-FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F06000003328

1. Entity Name  
STUART FRANKEL & CO., INCORPORATED



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

04-11-2008 90062 041 \*\*\*158.75

Principal Place of Business  
220 E. 42ND STREET, 29TH FLOOR  
NEW YORK, NY 10017

40066210



2. Principal Place of Business - No P.O. Box # <i>22 Bayview Ave 2FL</i>	3. Mailing Address <i>22 Bayview Ave 2FL</i>
Suite, Apt. #, etc. <i>2nd FL</i>	Suite, Apt. #, etc. <i>2nd FL</i>
City & State <i>Manhasset NY</i>	City & State <i>Manhasset, NY</i>
Zip <i>11030</i>	Country <i>Nassau</i>
Zip <i>11030</i>	Country <i>Nassau</i>

04072008 Chg-P CR2E034 (12/06)

4. FEI Number <i>13-3430942</i>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required <input type="checkbox"/>
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6. Name and Address of Current Registered Agent

FRANKEL, STUART  
6724 CASA GRANDE WAY  
DELRAY BEACH, FL 33446

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

(Signature typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  Delete  
NAME FRANKEL, JEFFREY  
STREET ADDRESS 220 E. 42ND STREET, 29TH FLOOR  
CITY-ST-ZIP NEW YORK, NY 10017

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change  Addition

*22 Bayview Ave, 2nd Floor  
Manhasset, NY 11030*

TITLE V  Delete  
NAME FRANKEL, ANDREW  
STREET ADDRESS 220 E. 42ND STREET, 29TH FLOOR  
CITY-ST-ZIP NEW YORK, NY 10017

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

*22 Bayview Ave 2nd Floor  
Manhasset, NY 11030*

TITLE C  Delete  
NAME FRANKEL, STUART  
STREET ADDRESS 6724 CASA GRANDE WAY  
CITY-ST-ZIP DELRAY BEACH, FL 33446

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

*One N. Ocean Blvd, Unit 505  
Boca Raton, FL 33432*

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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: *ST*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #