

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # F07000001810	
1. Entity Name WILLIE SACKS, INC.	

Principal Place of Business 13705 SW 12TH ST., APT. B-109 PEMBROKE PINES FL 33027	Mailing Address 13705 SW 12TH ST., APT. B-109 PEMBROKE PINES FL 33027
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)	
4. FEI Number 72-0866727	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPCO, INC. 2699 S. BAYSHORE DR., 7TH FLOOR MIAMI FL 33133	
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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 _____ (NOTE: Registered Agent signature required when name change)
Signature typed or printed name of registered agent and title (if applicable) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD SACKS, WILLIE 13705 SW 12TH ST., APT. B-109 PEMBROKE PINES FL 33027 ☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V FRIEDBERG, HOWARD L 10205 SW 130 ST. MIAMI FL 33176 ☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D FRIEDBERG, ROSEANNE 10205 SW 130 ST. MIAMI FL 33176 ☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DS SACKS, GILDA 13705 SW 12TH ST., APT. B-109 PEMBROKE PINES FL 33027 ☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	U00000800560 01/31/08-80022-008 150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **GILDA SACKS** *Gilda Sacks, Dir-Sect. 1/28/08 954-436-7977*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR