

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 21, 2008 08:00 AM
Secretary of State

DOCUMENT # F07000004270

1. Entity Name
AFP FIFTY FOUR CORP.



Principal Place of Business

9 PARK PL.
GREAT NECK, NY 11021

Mailing Address

9 PARK PL.
GREAT NECK, NY 11021



07112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-0413061

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MICELI, ANTHONY
STREET ADDRESS	9 PARK PL.
CITY-ST-ZIP	GREAT NECK, NY 11021
TITLE	V
NAME	LAMORETTI, MICHAEL
STREET ADDRESS	9 PARK PL.
CITY-ST-ZIP	GREAT NECK, NY 11021
TITLE	V
NAME	WEINBAUM, MICHAEL
STREET ADDRESS	9 PARK PL.
CITY-ST-ZIP	GREAT NECK, NY 11021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/21/08-80001-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRESIDENT

7/11/08

Date

516-466-6464

Daytime Phone #