

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 A
Secretary of State

DOCUMENT # F07000004403

1. Entity Name
CORPORATE RESOLUTIONS MIAMI, INC.



Principal Place of Business
1395 BRICKELL AVENUE
SUITE 800
MIAMI, FL 33131

Mailing Address
111 BROADWAY
SUITE 1206
NEW YORK, NY 10006

DO NOT WRITE IN THIS SPACE



02062008 No Chg-P CR2E034 (11/05)

4. FEI Number
23-3122884

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PRAGER, KEITH
1395 BRICKELL AVENUE
SUITE 800
MIAMI, FL 33131

**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
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CHRM
SPRINGER, KENNETH S
111 BROADWAY, SUITE 1206
NEW YORK, NY 10006

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SPRINGER, KENNETH S
111 BROADWAY, SUITE 1206
NEW YORK, NY 10006

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
KLASKIN, DON
15 COURT SQUARE
BOSTON, MA 02056

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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

Date

Daytime Phone #

CHRM
Kenneth S. Springer 2/6/2008