


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F93000003560**  
 1. Entity Name  
 420 LINCOLN ROAD, INC.



Principal Place of Business C/O DAVID SACHS 155 EAST 55TH STREET, SUITE 5-F NEW YORK, NY 10022	Mailing Address C/O DAVID SACHS 155 EAST 55TH STREET, SUITE 5-F NEW YORK, NY 10022
---	---

**DO NOT WRITE IN THIS SPACE**



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 13-3719171	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

SIEGEL, RICHARD  
 1441 MAPLE FOREST DRIVE  
 CLEARWATER, FL 34624

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD SACHS, DAVID 155 EAST 55TH STREET, SUITE 5-F NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PALIN, MICHAEL 235 PARK AVE SO. NEW YORK, NY 10003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SACHS, MARVIN 155 EAST 55TH STREET, SUITE 5-F NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

400000588869  
 01/17/07-80088-022 150.00

**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:**  **1/10/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #