

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 21, 2008 8:00 am
Secretary of State

04-21-2008 90052 003 ***150.00

DOCUMENT # F93000003993 1. Entity Name NORBAR FABRICS CO. INC.	
--	---

Principal Place of Business 7670 NW 6TH AVE. BOCA RATON, FL 33481-0938	Mailing Address 7670 NW 6TH AVE. BOCA RATON, FL 33481-0938
--	--

66011171



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 13-5502522	Applied For ☐ Not Applicable
------------------------------------	--

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

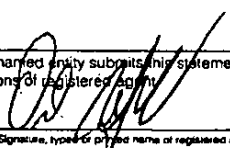
DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

**NEUFELDT, DAVID
7670 NW 6TH AVE.
BOCA RATON, FL 33481-0938**

**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 **4/7/08**
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, 2008 Fee will be \$550.00**

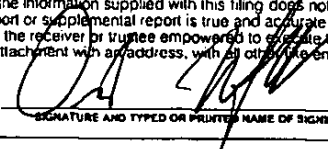
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB NEUFELDT, NORMAN 13799 A DATE PALM CT. DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEUFELDT, DAVID 3168 NW 63RD ST BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HONIG, SUSAN H 2247 NW 56TH ST BOCA RATON, FL 33496
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 officers empowered.

SIGNATURE:  DATE **5/19/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR