2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 21, 2008 8:00 am
Secretary of State
04-21-2008 90052 003 ***150.00

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1. Entity Name
NORBAR FABRICS CO. INC.

66011171

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

01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent

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

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

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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: _____ 5/19/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #