## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F94000006161

**Entity Name: CUMBERLAND BROKERAGE CORPORATION** 

FILED Apr 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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417 NORTH 8TH ST SUITE 507 PHILADELPHIA, PA 19123

**New Mailing Address: Current Mailing Address:** 

417 NORTH 8TH ST 1071 EAST LANDIS AVE VINELAND, NJ 08360 SUITE 507 PHILADELPHIA. PA 19123

FEI Number: 52-1694636 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GOLDBERG, SHELDON E GOLDBERG, ANTONIA A UNIT B-509 L'ELEGANCE ON LIDO BEACH UNIT B-509 L'ELEGANCE ON LIDO BEACH 1800 BENJAMIN FRANKLIN DRIVE 1800 BENJAMIN FRANKLIN DRIVE SARASOTA, FL 34236 US SARASOTA, FL 34236 US

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.

SIGNATURE: ANTONIA A. GOLDBERG 04/05/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

GOLDBERG, SHELDON E SCHARF, GLENN P Name: Name: B-509 1800 BENJAMIN FRANKLIN DRIVE Address: 417 N. 8TH ST, SUITE 507 Address: SARASOTA, FL

City-St-Zip: City-St-Zip: PHILADELPHIA, PA 19123

Title: Title: () Delete () Change () Addition BRUCE, ELLYN H Name: Name:

5245 N STERLING SPRINGS DR Address: Address: TUCSON, AZ 85749 City-St-Zip: City-St-Zip:

( ) Delete Title: (X) Change ( ) Addition Title:

GOLDBERG, ANTONIA A Name: SEGAL, MALCOLM Name: B-509 1800 BENJAMIN FRANKLIN DRIVE Address: 228 SUGARBERRY LANE Address: City-St-Zip: SARASOTA, FL City-St-Zip: LANGHORNE, PA 19047

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN P. SCHARF PT 04/05/2009