

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2006 8:00 am
Secretary of State

07-26-2006 90003 029 ***150.00

DOCUMENT # F97000003951

1. Entity Name
COLUMBUS PLAZA FEE, INC.



Principal Place of Business Mailing Address
% RD MANAGEMENT CORP. % RD MANAGEMENT CORP.
810 7TH AVE. 28TH FL. 810 7TH AVE. 28TH FL.
NEW YORK, NY 10019 NEW YORK, NY 10019

50023270



2. Principal Place of Business Suite, Apt. #, etc.
City & State

3. Mailing Address Suite, Apt. #, etc.
City & State

07122006 Chg-P CR2E034 (11/05)

4. FEI Number 13-3755071 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

AGRAN, MARJORIE
15 BERMUDA LAKE DRIVE
PALM BEACH GARDENS, FL 33418

7. Name and Address of New Registered Agent

Name MARJORIE AGRAN
Street Address (P.O. Box Number is Not Acceptable)
119 B PALM POINT CIRCLE
City PALM BEACH GARDENS FL Zip Code 33418

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE CP ☐ Delete
NAME FURMAN, JAY
STREET ADDRESS % RD MANAGEMENT CORP., 810 7TH AVE. 28FL.
CITY-ST-ZIP NEW YORK, NY 10019

TITLE CV ☐ Delete
NAME BIRDOFF, RICHARD J
STREET ADDRESS % RD MANAGEMENT CORP., 810 7TH AVE. 28FL.
CITY-ST-ZIP NEW YORK, NY 10019

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/06
Date

Daytime Phone #