

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # F97000003951

1. Entity Name
COLUMBUS PLAZA FEE, INC.



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

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



01172007 No Chg-P CR2E034 (11/05)

4. FEI Number
13-3755071

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AGRAN, MARJORIE
119 B PALM POINT CIR
PALM BEACH GARDENS, FL 33418

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

**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	CP
NAME	FURMAN, JAY
STREET ADDRESS	% RD MANAGEMENT CORP., 810 7TH AVE. 28FL.
CITY-STATE-ZIP	NEW YORK, NY 10019
TITLE	CV
NAME	BIRDOFF, RICHARD J
STREET ADDRESS	% RD MANAGEMENT CORP., 810 7TH AVE. 28FL.
CITY-STATE-ZIP	NEW YORK, NY 10019
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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02/09/07-80047-011 150.00

**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:

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

1/30/07
Date

Daytime Phone #