2008 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

FILED Apr 22, 2008 08:00 AN Secretary of State

	MINIOAL	REPURI		_	'yh'	22, 2000 00:0
1. Entity Nam	MENT # F970000065 PROPERTIES, INC.	05			S	ecretary of Sta
365 WEST P	ce of Business PASSAIC STREET PARK, NJ 07662	Mailing Address 365 WEST PASSAIC STREET ROCHELLE PARK, NJ 07662	<u> </u>	- - 	18 (BIII) 88111 88111 88111 88111 88111 8	EZIN GENIB BUZU ANH BENJU BUNBEL NI HADI
DO NOT WRITE IN THIS SPACE			<u> </u>	01092008	No Chg-P	CR2E034 (11/05)
			CE	4. FEI Numb 22-355		Applied For Not Applicable
11/	j j		,	5. Certificate	of Status Desired	S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4				,	NOT WE	4
8. The above the obligations of the state of	named entity submits this statement for the tions of registered agent.		·	red agent, or bo	THIS SPA	da. I am familiar with, and accept
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Signature, typed or printed name of registered egent and title if applicable. (NOTE. Registered 9. Election Campaign Finan Trust Fund Contribution.			noing \$5.	.00 May Be led to Fees	0000009 05/08/08-9	 913455 80017-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF PVST RUDNICK, DAVID 365 WEST PASSAIC STREET ROCHELLE PARK, NJ 07662	ECTORS		DO	NOT WF	RITE
ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP				, '	THIS SPA	,
TITLE NAME STREET AODRESS					67 A	

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 adachment with an other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HUSTE 14th

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(201) 712 - 1300