

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2008 8:00 am
Secretary of State

09-02-2008 90032 012 ***150.00

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06032008 Chg-P CR2E034 (12/06)

DOCUMENT # F98000001946 1. Entity Name REICHMAN, KARTEN, SWORD, INC.					
Principal Place of Business 98 MILL PLAIN RD SUITE 301-A DANBURY, CT 06811			Mailing Address 98 MILL PLAIN RD SUITE 301-A DANBURY, CT 06811		
2. Principal Place of Business - No P.O. Box # 12 Main Street		3. Mailing Address 12 Main Street			
Suite, Apt. #, etc. Suite 279		Suite, Apt. #, etc. Suite 279			
City & State Brewster, NY		City & State Brewster, NY			
Zip 10509	Country USA	Zip 10509	Country USA	4. FEI Number 13-2784483	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GRATATARO, CARMINE 3069 DOYBERRY COURT CLEARWATER, FL 33761			7. Name and Address of New Registered Agent Name Carmine Grastataro Street Address (P.O. Box Number is Not Acceptable) 3069 Doxberry Court City Clearwater FL Zip Code 33761		
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 _____ <small>Signature, typed or printed name of registered agent; and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCSD REICHMAN, DAVID 98 MILL PLAIN RD., SUITE 301-A DANBURY, CT 06811 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCSD Reichman, David <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12 Main Street, Suite 279 Brewster, NY 10509	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 another like empowered.					
SIGNATURE:			Date: 6/6/08 Daytime Phone #: 845-228-1883		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					