

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

09-02-2008 90032 012 ***150.00

DOCUMENT # F98000001946

1. Entity Name
REICHMAN, KARTEN, SWORD, INC.



Principal Place of Business Mailing Address

98 MILL PLAIN RD 98 MILL PLAIN RD
 SUITE 301-A SUITE 301-A
 DANBURY, CT 06811 DANBURY, CT 06811

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

12 Main Street **12 Main Street**

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 279 **Suite 279**

City & State City & State

Brewster, NY **Brester, NY**

Zip Country Zip Country

10509 **USA** **10509** **USA**

40114000



06032008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

GRATATARO, CARMINE
3069 DOYBERRY COURT
CLEARWATER, FL 33761

4. FEI Number Applied For

13-2784483 Not Applicable

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

7. Name and Address of New Registered Agent

Name
Carmine Grastataro

Street Address (P.O. Box Number is Not Acceptable)

3069 Doxberry Court

City State Zip Code

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

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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	PCSD	<input type="checkbox"/> Delete
NAME	REICHMAN, DAVID	
STREET ADDRESS	98 MILL PLAIN RD., SUITE 301-A	
CITY-ST-ZIP	DANBURY, CT 06811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reichman, David	
STREET ADDRESS	12 Main Street, Suite 279	
CITY-ST-ZIP	Brewster, NY 10509	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **6/6/08** Daytime Phone #: **845-228-1883**