


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F98000006518 1. Entity Name WORTH-PONDFIELD MANAGEMENT CORP.		
Principal Place of Business C/O SAMSON MANAGEMENT 97-77 QUEENS BLVD., STE 710 REGO PARK, NY 11374		Mailing Address C/O SAMSON MANAGEMENT 97-77 QUEENS BLVD., STE 710 REGO PARK, NY 11374
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WAXMAN, MARK Z 235 SOUTH COUNTY RD., STE 210 PALM BEACH, FL 33480		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P GOLDSTEIN, ARNOLD 97-77 QUEENS BLVD., STE 710 REGO PARK, NY	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	V BIANCO, JOHN 97-77 QUEENS BLVD., STE 710 REGO PARK, NY	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	S WAXMAN, MARK Z 235 SOUTH COUNTY RD., STE 210 PALM BEACH, FL	
TITLE NAME STREET ADDRESS CITY-ST- ZIP		
TITLE NAME STREET ADDRESS CITY-ST- ZIP		
TITLE 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, without otherwise being empowered.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/12/06 (71P) 9300131 <small>Date Daytime Phone #</small>



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3494409	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/26/06 80038-020 150.00

**DO NOT WRITE
IN THIS SPACE**