


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # F98000006518</b>                            |  |
| 1. Entity Name<br><b>WORTH-PONDFIELD MANAGEMENT CORP.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>C/O SAMSON MANAGEMENT<br/>97-77 QUEENS BLVD., STE 710<br/>REGO PARK, NY 11374</b> | Mailing Address<br><b>C/O SAMSON MANAGEMENT<br/>97-77 QUEENS BLVD., STE 710<br/>REGO PARK, NY 11374</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**

01042008 No Chg-P CR2E034 (11/05)

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

|   |                                   |
|---|-----------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>WAXMAN, MARK Z<br/>235 SOUTH COUNTY RD., STE 210<br/>PALM BEACH, FL 33480</b> | <b>DO NOT WRITE IN THIS SPACE</b> |
|---|-----------------------------------|

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

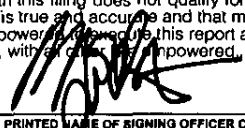
|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>GOLDSTEIN, ARNOLD<br>97-77 QUEENS BLVD., STE 710<br>REGO PARK, NY |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>BIANCO, JOHN<br>97-77 QUEENS BLVD., STE 710<br>REGO PARK, NY      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>WAXMAN, MARK Z<br>235 SOUTH COUNTY RD., STE 210<br>PALM BEACH, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE IN THIS SPACE**

U00000807505  
02/07/08-80012-005 150.00

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 or without power.

**SIGNATURE:**  **ARNOLD GOLDSTEIN** 1/28/08 (818) 830 0131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #