


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F99000002619</b> 1. Entity Name NORMAN REITMAN COMPANY, INC.	
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Principal Place of Business 415 MADISON AVE. NEW YORK, NY 10017	Mailing Address 415 MADISON AVE. NEW YORK, NY 10017
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**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 13-2990716	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  GREENFIELD, SAUL 4300 UNIVERSITY DR. BLDG. A, STE. 101 LAUDERHILL, FL 33351
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**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>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D KLIVAN, ANDREW 415 MADISON AVE. NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVSD GREENFIELD, SAUL 415 MADISON AVE. NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GREENFIELD, RONALD 415 MADISON AVE. NEW YORK, NY 10017
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01/21/05-80001-019 158.75

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other fee empowered.

SIGNATURE: <u>Ronald Greenfield</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1/14/05 (212) 751-8080 <small>Day Daytime Phone #</small>
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