

2004 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Jul 14, 2004 8:00 am  
Secretary of State

07-14-2004 90007 003 \*\*\*150.00

DOCUMENT # F 99000004607  
1. Entity Name

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>119 W 23rd St</u>		3. Mailing Address <u>119 W 23rd St</u>	
Suite, Apt. #, etc. <u>Suite 701</u>		Suite, Apt. #, etc. <u>Suite 701</u>	
City & State <u>New York, NY</u>		City & State <u>New York, NY</u>	
Zip <u>10011</u>	Country	Zip <u>10011</u>	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <u>Krasner, Donald</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>2428 Fisher Island Dr.</u>	
	City <u>Fisher Island</u>	Zip Code <u>FL 33109</u>

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PP</u> <u>Krasner, Donald</u> <u>2428 Fisher Island Dr.</u> <u>Fisher Island FL 33109</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Tathey Albom VP

Date 7-6-04 Daytime Phone # (212) 929-1212

*Attachment*  
*44048598*

SAMARRO, MORROW AND ASSOCIATES  
Certified Public Accountants

225 Franklin Avenue  
Midland Park, New Jersey 07432  
(201) 652-6363 • FAX (201) 652-0084

Frank J. Samarro, CPA  
Robert H. Morrow, CPA

MEMBERS OF  
AMERICAN INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS  
  
NEW JERSEY SOCIETY OF  
CERTIFIED PUBLIC ACCOUNTANTS

July 2, 2004

Division of Corporation  
PO Box 6198  
Tallahassee, FL 32314-6198

Dear Sir or Madam:

Re: CF Forms, Inc.  
F 99000004607

Enclosed please find 2004 Annual Report for the referenced company with \$150.00 filing fee. No forms or previous notices were received pertaining to this filing. Only recently it has come to our attention as to Florida's changed procedures as to filing on-line or downloading forms for processing. Past filings have always been paid timely. Under the circumstances we request that no late charge be assessed.

Sincerely,

  
Robert H. Morrow  
Certified Public Accountant

RHM:bd

Encs: