FILED
Apr 26, 2006 8:00 am
Secretary of State
04-26-2006 90221 050 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004607

1. Entity Name
CF Forms, Inc

DO NOT WRITE IN THIS SPACE

20036075

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
119 W 23rd St	119 W 23rd St	
Suite, Apt. #, etc.: Suite 701	Suite, Apt. #, etc.: Suite 701	
City & State: New York NY	City & State: New York NY	
Zip: 10011 Country: NY	Zip: 10011 Country: NY	

4. FEI Number: 22-3412308 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Krasner, Donald

Street Address (P.O. Box Number is Not Acceptable): 2428 Fisher Island Dr

City: Fisher Island FL Zip Code: 33109

9. This 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

TITLE	P
NAME	Krasner, Donald
STREET ADDRESS	2428 Fisher Island Dr
CITY-ST-ZIP	Fisher Island FL 33109
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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: Jeffrey Albom JEFFREY ALBOM 4-19-06 (212) 929-7212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Debbie Albom VP