2005 AR

~~2004~~ FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
05 JUN -6 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000004607
1. Entity Name CF FORMS, INC.

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Received JUN 08 2005

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2. Principal Place of Business	3. Mailing Address
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	Zip 10011 Country

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

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

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7. Name and Address of Current Registered Agent

Name Krasner, Donald

Street Address (P.O. Box Number is Not Acceptable) 2424 Fisher Island Dr.

City Fisher Island FL Zip Code 33109

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

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	CP
NAME	Krasner, Donald
STREET ADDRESS	2424 Fisher Island Dr
CITY-ST-ZIP	Fisher Island FL 33109
TITLE	Vice President
NAME	Jeffrey Albom
STREET ADDRESS	1340 East 102 St
CITY-ST-ZIP	Brooklyn NY 11236
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jeffrey Albom JEFFREY ALBOM (212) 939-1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Jeffrey Albom VP