

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90082 004 ***150.00

DOCUMENT # G20865	
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Principal Place of Business P.O. BOX 4297 WEST PALM BEACH, FL 33402 US	Mailing Address MRS. HILAIRE BECK 817 FIFTH AVENUE, 5TH FLOOR NEW YORK, NY 10021
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DO NOT WRITE IN THIS SPACE



01072007 No Chg-P CR2E034 (11/05)

4. FEI Number 58-1502092	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
CHOPIN, L. FRANK 645 N. FLAGLER DRIVE SUITE 300R WEST PALM BEACH, FL 33401	223 Sunset Avenue Suite 230 Palm Beach, FL 33480

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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: L Frank Chopin DATE: 1/25/07

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS BECK, HILAIRE 817 FIFTH AVE, 5TH FLOOR NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BECK, CATHY 181 E 73 ST., APT 16F NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GORDON, JAMIE 628 ORIENTA AVENUE MAMARONECK, NY 10543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 all other like empowered.

SIGNATURE: Hilaire Beck Hilaire Beck DATE: 1/15/07 Daytime Phone #: 212 759 5575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR