

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 23, 2004 8:00 am**  
**Secretary of State**

07-23-2004 90007 002 \*\*\*550.00

**DOCUMENT # G83740**

1. Entity Name  
**MANBRADE INVESTMENT CORPORATION**



Principal Place of Business  
**% ALVIN SCHWARTZ**  
**60 E 42ND STREET 53RD FLOOR**  
**NY, NY 10165 US**

Mailing Address  
**% ALVIN SCHWARTZ**  
**60 E 42ND ST 53RD FLOOR**  
**NEW YORK, NY 10165 US**

**44049650**



2. Principal Place of Business  
**% Thomas Schwartz**  
**60 E. 42nd Street, 53rd Fl**

Mailing Address  
**% Thomas Schwartz**  
**60 E. 42nd Street, 53rd Fl**

07022004 Chg-P CR2E034 (10/03)

City & State  
**New York, NY**  
Zip  
**10165**  
Country  
**USA**

City & State  
**New York, NY**  
Zip  
**10165**  
Country  
**USA**

4. FEI Number  
**58-1572284**  
Applied For  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

**MARCUS, LARRY J.**  
**1515 N FEDERAL HWY**  
**SUITE 300**  
**BOCA RATON, FL 33432**

## 7. Name and Address of New Registered Agent

Name  
**Larry J. Marcus**  
Street Address (P.O. Box Number is Not Acceptable)  
**21301 Powerline Road, Suite #312**  
City  
**Boca Raton** FL Zip Code  
**33433**

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]* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

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

## 10. OFFICERS AND DIRECTORS

TITLE  
**D** ☐ Delete  
NAME  
**MARCUS, LARRY J.**  
STREET ADDRESS  
**1515 N. FEDERAL HWY STE 300**  
CITY-ST-ZIP  
**BOCA RATON, FL 33432**

TITLE  
**P** ☒ Delete  
NAME  
**CRISTINI, PAULA**  
STREET ADDRESS  
**1165 46TH STREET**  
CITY-ST-ZIP  
**BROOKLYN, NY 11219**

TITLE  
**ST** ☒ Delete  
NAME  
**SCHWARTZ, ALVIN**  
STREET ADDRESS  
**60 E. 42ND STREET 53 FLOOR**  
CITY-ST-ZIP  
**NEW YORK, NY 10165**

TITLE  
**V** ☐ Delete  
NAME  
**SCHWARTZ, THOMAS**  
STREET ADDRESS  
**60 E 42ND ST -- 53 FLOOR**  
CITY-ST-ZIP  
**NEW YORK, NY 10165**

TITLE  
☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**D** ☒ Change ☐ Addition  
NAME  
**Marcus, Larry J.**  
STREET ADDRESS  
**21301 Powerline Road, Suite #312**  
CITY-ST-ZIP  
**Boca Raton, FL 33433**

TITLE  
☐ Change ☐ Addition  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
☐ Change ☐ Addition  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
☐ Change ☐ Addition  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
**P** ☐ Change ☒ Addition  
NAME  
**Thomas Schwartz**  
STREET ADDRESS  
**60 E. 42nd Street, 53rd Floor**  
CITY-ST-ZIP  
**New York, NY 10165**

TITLE  
**ST** ☐ Change ☒ Addition  
NAME  
**Thomas Schwartz**  
STREET ADDRESS  
**60 E. 42nd Street, 53rd Floor**  
CITY-ST-ZIP  
**New York, NY 10165**

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 like empowered.

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2/19/04*