## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H03959

City-St-Zip: BOCA RATON, FL 33498

Entity Name: PHILBO ASSOCIATES, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
4801 JOH SUITE 11	NSON RD			
COCONU	TCREEK, FL	33073		
Current Mailing Address:			New Mailing Address:	
4801 JOH	NSON RD			
SUITE 11 CORAL SI	PRINGS, FL 3	33065		
	: 59-2413278	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
7150 GRE BOYNTON The above	ROBERT A.  EAT FALLS CIF  N BEACH, FL  e named entity e of Florida.	33437 US	purpose of changing its registere	ed office or registered agent, or both,
SIGNATU				
	Electro	nic Signature of Registered Ag	ent	Date
Election Ca	mpaign Financir	ng Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	WEINER, ROE 7150 GREAT I	) Delete BERT A. FALLS CIRCLE ACH, FL 33437 US	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	WEINER, PHY 7150 GREAT I	) Delete (LLIS FALLS CIRCLE ACH, FL 33437 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	EVP ( PERLMAN, LIS 19107 TWIN F BOCA RATON	IVER LANE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	WYNER, HOW 5359 NW 119		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name:	PERLMAN, P	) Delete IILLIP	Title: Name: Address:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ROBERT WEINER PRES 04/29/2009