

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90057 036 ***150.00

DOCUMENT # J93517

1. Entity Name
P.F.I. SALES CORPORATION



Principal Place of Business

**% MELVIN H. KOFSKY
21714 ARRIBA REAL
BOCA RATON, FL 33433**

Mailing Address

**% MELVIN H. KOFSKY
21714 ARRIBA REAL
BOCA RATON, FL 33433**



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0011362

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KOFSKY, MELVIN H.
21714 ARRIBA REAL
BOCA RATON, FL 33433**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PDS
KOFSKY, MELVIN H.
21714 ARRIBA REAL
BOCA RATON, FL 33433**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DVP
KOFSKY, ELAINE
21714 ARRIBA REAL
BOCA RATON, FL 33433**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP
FISHER, DEBRA K.
27 BRIDLE PATH
ROSLYN, NY 11576**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:

Melvin H. Kofsky

MELVIN H. KOFSKY

-1-04-07- 482-5617

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #