2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # J93517

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

Principal Place of Business	Mailing Address
% MELVIN H. KOFSKY 21714 ARRIBA REAL BOCA RATON, FL 33433	% MELVIN H. KOFSKY 21714 ARRIBA REAL BOCA RATON, FL 33433

DO NOT WRITE IN THIS SPACE

01042008 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

6. Name and Address of Current Registered Agent

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

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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 Melvin H Kofsky - MELVIN H KOFSKY 01/04/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PDS
NAME	KOFSKY, MELVIN H.
STREET ADDRESS	21714 ARRIBA REAL
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	DVP
NAME	KOFSKY, ELAINE
STREET ADDRESS	21714 ARRIBA REAL
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	VP
NAME	FISHER, DEBRA K.
STREET ADDRESS	27 BRIDLE PATH
CITY-ST-ZIP	ROSLYN, NY 11576
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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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 - 01/04/08 (561) 482-5617
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #