

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90042 003 ***150.00

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01122007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0110005

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

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	DP	<input type="checkbox"/> Delete
NAME	PASSAGE, STEPHEN S	
STREET ADDRESS	ONE PENNSYLVANIA PLAZA, STE 4400	
CITY-ST-ZIP	NEW YORK, NY 10119	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CONDE, CRISTINA	
STREET ADDRESS	6990 NW 97TH AVE., UNIT 5	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	DVPT	<input type="checkbox"/> Delete
NAME	MURPHY, THOMAS A	
STREET ADDRESS	ONE PENNSYLVANIA PLAZA, STE 4400	
CITY-ST-ZIP	NEW YORK, NY 10119	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NEU, CHRISTOPHER J	
STREET ADDRESS	ONE PENNSYLVANIA PLAZA, STE 4400	
CITY-ST-ZIP	NEW YORK, NY 10119	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	SKOPP, FREDRIC M	
STREET ADDRESS	1605 MAIN STREET SUITE 711	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	CHAE, YOON	
STREET ADDRESS	ONE PENNSYLVANIA PLAZA, STE 4400	
CITY-ST-ZIP	NEW YORK, NY 10119	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Secretary 03-21-07 (305) 499-9495

Date

Daytime Phone #