

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # K51861**  
 1. Entity Name  
**SEIDMAN BROKERAGE, INC.**



Principal Place of Business 7920 HIBISCUS CIR S13 TAMARAC FL 33321 US	Mailing Address 7920 HIBISCUS CIR S13 TAMARAC FL 33321 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt #, etc.
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1st MOORE CR2E034 (10/04)

City & State	City & State	4. FEI Number <b>65-0150398</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**SCHNEIDER, LAZ L ESQ.**  
**C/O BERGER SINGERMAN**  
**350 E. LAS OLAS BLVD., STE. 1000**  
**FT. LAUDERDALE FL 33301**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	SEIDMAN, ELI
STREET ADDRESS	7920 HIBISCUS CIRCLE
CITY - ST - ZIP	TAMARAC FL
TITLE	V <input type="checkbox"/> Delete
NAME	SEIDMAN, LEAH
STREET ADDRESS	7920 HIBISCUS CIRCLE
CITY - ST - ZIP	TAMARAC FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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	U00000275628
STREET ADDRESS	03/25/05-80007-020 150.00
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 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]* **IP** **3/25/05 954-770-3380**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #