


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90043 007 ***150.00

DOCUMENT # L81752 1. Entity Name MALCOLM N. LEVENSON & CO. INC.	
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Principal Place of Business 4453 WHITE CEDAR LANE DELRAY BEACH, FL 33445	Mailing Address 4453 WHITE CEDAR LANE DELRAY BEACH, FL 33445
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DO NOT WRITE IN THIS SPACE



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number 22-2329046	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LEVENSON, MALCOLM N.
4453 WHITE CEDAR LANE
DELRAY BEACH, FL 33445**

**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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS LEVENSON, MALCOLM N. 4453 WHITE CEDAR LANE DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY ARLENE LEVENSON 4453 WHITE CEDAR LANE DELRAY BEACH, FL 33445
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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: *M. N. Levenson* **MALCOLM N. LEVENSON** 1/22/08 561-496-6860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #