


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90025 003 \*\*\*158.75

**DOCUMENT # M41151**  
 1. Entity Name  
**PARK TIFFANY, INC.**



Principal Place of Business  
 103 GREENE ST.  
 NEW YORK, NY 10012

Mailing Address  
 103 GREENE ST.  
 NEW YORK, NY 10012

2. Principal Place of Business  
**804 Ocean Drive**  
 Suite, Apt. #, etc.  
**2nd Floor**

3. Mailing Address  
**804 Ocean Drive**  
 Suite, Apt. #, etc.  
**2nd Floor**



02242005 Chg-P CR2E034 (10/03)

City & State  
**Miami Beach, Florida**

City & State  
**Miami Beach, Florida**

4. FEI Number  
**58-1709527**

Applied For  
 Not Applicable

Zip Country  
**33139 Miami-Dade**

Zip Country  
**33139 Miami-Dade**

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

6. Name and Address of Current Registered Agent  
**COURTNEY, MARLO**  
~~804 OCEAN DRIVE~~ **804 Ocean Drive - 2nd Floor**  
**MIAMI, FL 33139**

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 \_\_\_\_\_ DATE **03-16-05**

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GOLDMAN, ANTHONY 103 GREENE STREET NEW YORK, NY 10012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GOLDMAN, R. ANTHONY 804 Ocean Drive - 2nd Floor Miami Beach, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GOLDMAN, JESSICA 103 GREENE ST NEW YORK, NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SREBNICK, JESSICA GOLDMAN 804 Ocean Drive - 2nd Floor Miami Beach, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_ DATE **03-16-05** (305) 531-4411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR