2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2007 08:00 A Secretary of State

	ANNUAL I	REPORT			Apr	16, 20	007 08:0
1. Entity Name	MENT # P010000145			S	Secreta	ary of St	
Principal Place 823 ELEVEN NEW YORK, N	TH AVENUE	Mailing Address 823 ELEVENTH AVENUE NEW YORK, NY 10019		 	18 (18) 18) 18	II 6818) IIRII 91861 BII	IN ais ii ba ii pa i is i ba s
	O NOT WRITE	IN THIS SPA	GE	03282007	No Chg-P	CR2E034 (
Karaba Te				FEI Numbe 52-2323 Certificate			Not Applicable 75 Additional Required
	6. Name and Address of Current Reg	jistered Agent			A		2 g ii
1201 HAYS	ATION SERVICE COMPANY S STREET SSEE, FL 32301-2525			. 5	NOT W HIS SP	i abd Matra ji	
the obligati	named entity submits this statement for the lons of registered agent.	e purpose of changing its register	ed office or register	ed agent, or both	n, in the State of Fic	rida. I am famil	iar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and ti	itle if applicable. (NOTE: Registere	d Agent signature required	i when reinstating)	1 kin menning	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Final Trust Fund Contribution.		.00 May Be ed to Fees	04/24/07-8 04/24/07-8	/0/145 30062-013	150.00
10.	OFFICERS AND DIR	ECTORS	" .				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CATSIMATIDIS, JOHN 863 11TH AVE. NEW YORK, NY 10019						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SF	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE			1				

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 will an address withyall pther like empowered.

diranged, or on an attachment with an address with an pure hydrometed

SIGNATURE: X

NAME STREET ADDRESS CITY-ST-ZIP

ATTHE AND TYPED PRYPRINTED HAVE OF SIGNING OFFICE OR DIRECTOR

3/*30/07*

Daytime Phone #