2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000042098

1. Entity Name
FLORIDA ACQUISITIONS MANAGER, INC.

Principal Place of Business	Mailing Address
326 THIRD STREET	326 THIRD STREET
ATTN: LYNETTE HAMDI	ATTN: LYNETTE HAMDI
LAKEWOOD, NJ 08701	LAKEWOOD, NJ 08701

U000000825289
02/21/08-80003-010 577.50

01092008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
22-3796111	Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE,
SUITE 4
WESTON, FL 33331

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, 2008 Fee will be $550.00 | **9.** Election Campaign Financing
Trust Fund Contribution ☐ | **$5.00** May Be
Added to Fees | |

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LICHTENSTIEN, DAVID
STREET ADDRESS	326 THIRD STREET
CITY-ST-ZIP	LAKEWOOD, NJ 08701

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
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: _David Lichtenstein_   1-9-08   732-367-0129 x138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #