

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000047928

1. Entity Name  
9195 SURFSIDE CONSULTANTS, INC.



Principal Place of Business  
1030 N. CLARK STREET, STE. 300  
CHICAGO, IL 60610 US

Mailing Address  
1030 N. CLARK STREET, STE. 300  
CHICAGO, IL 60610 US



01312008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
36-4443454

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324

**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 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	D
NAME	GOULETAS, NICHOLAS S
STREET ADDRESS	1030 N. CLARK STREET, STE. 300
CITY-ST-ZIP	CHICAGO, IL 60610
TITLE	DP
NAME	GOULETAS, STEVEN
STREET ADDRESS	1030 N. CLARK STREET, STE. 300
CITY-ST-ZIP	CHICAGO, IL 60610
TITLE	V
NAME	CADDEN, JOHN
STREET ADDRESS	1030 N. CLARK STREET, STE. 300
CITY-ST-ZIP	CHICAGO, IL 60610
TITLE	S
NAME	DIBENEDETTO, ANTHONY R
STREET ADDRESS	1030 N. CLARK STREET, STE. 300
CITY-ST-ZIP	CHICAGO, IL 60610
TITLE	T
NAME	SCHWARK, JAMES
STREET ADDRESS	1030 N. CLARK STREET, STE. 300
CITY-ST-ZIP	CHICAGO, IL 60610
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000838824  
03/05/08-80045-017 158.75

**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 *Anthony R. Di Benedetto*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

2-14-2008  
Date

312-595-4714  
Daytime Phone #