

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000101147

**FILED**  
**Jan 08, 2012**  
**Secretary of State**

**Entity Name:** OCTOBER NIGHT CORP.

**Current Principal Place of Business:**

17160 NW 2 COURT  
MIAMI, FL 33169 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 694854  
MIAMI, FL 332694854 US

**New Mailing Address:**

**FEI Number:** 65-1148815

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FREIDES, STUART  
19401 NE 22 AVE  
MIAMI, FL 33180 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: FREIDES, STUART  
Address: 19401 N.E. 22 AVE  
City-St-Zip: MIAMI, FL 33180 US

Title: VP  
Name: KLESTINEC, RUTH  
Address: 1555 71ST STREET  
City-St-Zip: MIAMI, FL 33141 US

Title: S  
Name: KLESTINEC, RUTH  
Address: 1555 71ST STREET  
City-St-Zip: MIAMI, FL 33141 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STUART FREIDES

PRES

01/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date