

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000020124

FILED  
Apr 18, 2008  
Secretary of State

Entity Name: CITY PHONE BOOK PUBLISHING, INC.

## Current Principal Place of Business:

20320 NE 34 CT.  
AVENTURA, FL 33180

## New Principal Place of Business:

425 NW 10 TERRACE  
HALLANDALE BEACH, FL 33009

## Current Mailing Address:

20320 NE 34 CT.  
AVENTURA, FL 33180

## New Mailing Address:

425 NW 10 TERRACE  
HALLANDALE BEACH, FL 33009

FEI Number: 36-4490679

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLOOM, DAVID  
20320 NE 34 CT.  
AVENTURA, FL 33180 US

## Name and Address of New Registered Agent:

BLOOM, DAVID  
425 NW 10 TERRACE  
HALLANDALE BEACH, FL 33009 US

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:

04/18/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: CALEV, MARK  
Address: 1155 BRICKELL AVE. SUITE 907  
City-St-Zip: MIAMI, FL 33131

Title: PD ( ) Delete  
Name: STERN, MICHAEL  
Address: 20320 NE 34 CT.  
City-St-Zip: AVENTURA, FL 33180

Title: VD ( ) Delete  
Name: BLOOM, AMIT  
Address: 20320 NE 34 CT.  
City-St-Zip: AVENTURA, FL 33180

Title: TD ( ) Delete  
Name: BLOOM, DAVID  
Address: 20320 NE 34 CT.  
City-St-Zip: AVENTURA, FL 33180

Title: VD ( ) Delete  
Name: SOLOMON, DAVID  
Address: 10774 LENOX ROAD  
City-St-Zip: COOPER CITY, FL 33026

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID BLOOM

TD

04/18/2008

Electronic Signature of Signing Officer or Director

Date