

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90029 030 ***150.00

DOCUMENT # P02000043179	
1. Entity Name HDR ROSENFELD, INC.	

Principal Place of Business 8020 CRESPI BLVD. MIAMI BEACH FL 33141	Mailing Address 8020 CRESPI BLVD. MIAMI BEACH FL 33141
---	---



2. Principal Place of Business - No P.O. Box #	3. Mailing Address 8025 CRESPI BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc. 6
City & State	City & State Miami Beach Florida
Zip	Zip 33141
Country	Country Miami Dade

1st MOORE CR2E034 (10/07)

4. FEI Number 41-2037853	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSENFELD, ROBERT 8020 CRESPI BLVD. MIAMI BEACH FL 33141	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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.

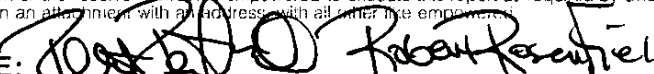
SIGNATURE _____ (Signature, typed or signed name of registered agent and date, if applicable. (NOTE: Registered Agent signature required when submitting) **DATE** _____

FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution: ☐

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD ☐ Delete	NAME ROSENFELD, ROBERT	TITLE	☐ Change ☐ Addition
STREET ADDRESS 8020 CRESPI BLVD.	CITY-ST-ZIP MIAMI BEACH FL 33141	STREET ADDRESS	
TITLE VPD ☐ Delete	NAME ROSENFELD, DAVID	TITLE	☐ Change ☐ Addition
STREET ADDRESS 8020 CRESPI BLVD.	CITY-ST-ZIP MIAMI BEACH FL 33141	STREET ADDRESS	
TITLE STD ☐ Delete	NAME ROSENFELD, HELEN	TITLE	☐ Change ☐ Addition
STREET ADDRESS 8020 CRESPI BLVD.	CITY-ST-ZIP MIAMI BEACH FL 33141	STREET ADDRESS	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowerments.

SIGNATURE:  **1-28-08 305-868-7951**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR