

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P03000008008**

1. Entity Name  
**NATHAN I, INC.**



Principal Place of Business  
**2600 ISLAND BLD, APT 2906  
AVENTURA, FL 33160**

Mailing Address  
**2600 ISLAND BLD, APT 2906  
AVENTURA, FL 33160**



02272008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**55-0820949**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MORRIS LAW GROUP  
7000 W PALMETTO PARK ROAD  
STE 310  
BOCA RATON, FL 33433**

**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	PD
NAME	LEWINGER, SARA T
STREET ADDRESS	2600 ISLAND BLVD APT 2906
CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	VTD
NAME	LEWINGER, NOAH D
STREET ADDRESS	3312 OAK HILL ST
CITY-ST-ZIP	HOLLYWOOD, FL 33312
TITLE	VD
NAME	LEWINGER, ILAN C
STREET ADDRESS	2800 ISLAND BLVD, APT 1205
CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	VSD
NAME	LEWINGER, ESTHER D
STREET ADDRESS	2800 ISLAND BLVD, APT 1103
CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000859884  
04/02/08-80041-003 150.00

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Pres. Nathan I Inc*

*3/12/08 305935 3096*