

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90017 025 ***150.00

DOCUMENT # P03000026367	
1. Entity Name 645 LINCOLN ROAD, INC.	

Principal Place of Business 645 LINCOLN ROAD MIAMI BEACH, FL 33139	Mailing Address 645 LINCOLN ROAD MIAMI BEACH, FL 33139
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60043326

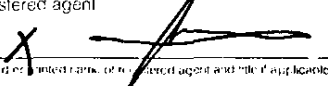
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 300 Arthur Godfrey Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 202	
City & State		City & State Miami Beach, FL	
Zip	Country	Zip	Country
		33140	Dade



05162008 Chg-P CR2E034 (12/06)

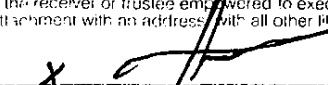
6. Name and Address of Current Registered Agent NACHMANI, REFAEL 645 LINCOLN ROAD MIAMI BEACH, FL 33139	
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7. Name and Address of New Registered Agent Name: MICHAEL AMAR Street Address (P.O. Box Number is Not Acceptable): 300 W. 41 ST City: MIAMI BEACH State: FL Zip Code: 33140	
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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: 	DATE: 5/16/08

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMAR, MICHAEL 19425 39TH AVENUE SUNNY ISLES, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AMUJAL, DANIEL 20870 N.E. 32ND AVENUE AVENTURA, FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NACHMANI, REFAEL 1450 FLAT ROCK RD. PENN VALLEY, PA 19072	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 or empowered.	
SIGNATURE: 	DATE: 5/16/08