

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90021 043 \*\*\*158.75

DOCUMENT # P03000104302

1. Entity Name  
2425, INC.



Principal Place of Business

C/O GOLDMAN PROPERTIES  
804 OCEAN DRIVE, 2ND FLOOR  
MIAMI BEACH, FL 33139

Mailing Address

C/O GOLDMAN PROPERTIES  
804 OCEAN DRIVE, 2ND FLOOR  
MIAMI BEACH, FL 33139

40056238



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-0313452

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

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

LEVINSON, EDWARD E  
407 LINCOLN ROAD, PH-SE  
MIAMI BEACH, FL 33139

**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, 2007 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 GOLDMAN, CHARLES J  
STREET ADDRESS 804 OCEAN DRIVE - 2ND FLOOR  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE VD  
NAME GOLDMAN, R. ANTHONY  
STREET ADDRESS 804 OCEAN DRIVE - 2ND FLOOR  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE S  
NAME COURTNEY, MARLO  
STREET ADDRESS 804 OCEAN DRIVE - 2ND FLOOR  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE T  
NAME GOLDMAN SREBNICK, JESSICA  
STREET ADDRESS 804 OCEAN DRIVE - 2ND FLOOR  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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

4-4-07 305-531-441

Date

Daytime Phone #