

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000137765

1. Entity Name
NORMANDY HOLDINGS II INVESTMENT, INC.



Principal Place of Business
**501 CONTINENTAL PLAZA
3250 MARY STREET
COCONUT GROVE, FL 33133**

Mailing Address
**501 CONTINENTAL PLAZA
3250 MARY STREET
COCONUT GROVE, FL 33133**

DO NOT WRITE IN THIS SPACE



03212007 No Chg-P CR2E034 (11/05)

4. FEI Number
73-1687463

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BRYN, MARK J
2 SOUTH BISCAYNE BLVD., STE. #2680
MIAMI, FL 33131**

**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 BERMAN, DANA J
STREET ADDRESS 3250 MARY STREET, SUITE 501
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE D
NAME SUKOFF, IRA
STREET ADDRESS 3250 MARY STREET, SUITE 501
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE D
NAME SCHWARTZ, DAREN
STREET ADDRESS 3250 MARY STREET, SUITE 501
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

U00000742338
05/15/07-80066-009 150.00

**DO NOT WRITE
IN THIS SPACE**