

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90224 010 \*\*\*150.00

<b>DOCUMENT # P03000137765</b> 1. Entity Name <b>NORMANDY HOLDINGS II INVESTMENT, INC.</b>			
Principal Place of Business <b>501 CONTINENTAL PLAZA 3250 MARY STREET COCONUT GROVE, FL 33133</b>		Mailing Address <b>501 CONTINENTAL PLAZA 3250 MARY STREET COCONUT GROVE, FL 33133</b>	
2. Principal Place of Business - No P.O. Box # <b>3250 Mary Street</b> Suite, Apt. #, etc. <b>Suite 402</b> City & State <b>Coconut Grove, FL</b> Zip <b>33133</b>		3. Mailing Address <b>3250 Mary Street</b> Suite, Apt. #, etc. <b>Suite 402</b> City & State <b>Coconut Grove FL</b> Zip <b>33133</b>	
4. FEI Number <b>73-1687463</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		04012008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>BRYN, MARK J 2 SOUTH BISCAYNE BLVD., STE. #2680 MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name <b>Michael Goldberg</b> Street Address (P.O. Box Number is Not Acceptable) <b>3250 Mary Street</b> <b>Suite 402</b> City <b>Coconut Grove</b> <b>FL</b> Zip Code <b>33133</b>	
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 <b>4/30/08</b> <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERMAN, DANA J 3250 MARY STREET, SUITE 501 COCONUT GROVE, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>Michael Goldberg (Receiver)</b> <b>3250 Mary Street Suite 402</b> <b>Coconut Grove, FL 33133</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUKOFF, IRA 3250 MARY STREET, SUITE 501 COCONUT GROVE, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, DAREN 3250 MARY STREET, SUITE 501 COCONUT GROVE, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/30/08</b> Daytime Phone # _____	