2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# P04000049294

Entity Name: FRED SZAFRAN, INC.

Current Principal Place of Business:

2419 ORCHARD DR
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

PO BOX 916376
LONGWOOD, FL 32791

New Mailing Address:

2419 ORCHARD DR
APOPKA, FL 32712

FEI Number: 20-0887048 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SZAFRAN, MARGERY
2419 ORCHARD DR
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: S/D ( ) Delete
Name: SZAFRAN, FRED
Address: PO BOX 916376
City-St-Zip: LONGWOOD, FL 32791

Title: P/D ( ) Delete
Name: SAZFRAN, MARGERY
Address: PO BOX 916376
City-St-Zip: LONGWOOD, FL 32791

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRED SZAFRAN S/D 04/24/2009

Electronic Signature of Signing Officer or Director Date