

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000049294

Entity Name: FRED SZAFRAN, INC.

**FILED**  
**Apr 08, 2011**  
**Secretary of State**

**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:**

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:**

SZAFRAN, MARGERY MRS  
2419 ORCHARD DR  
APOPKA, FL 32712 US

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: MARGERY SZAFRAN

04/08/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S/D  
Name: SZAFRAN, FRED MR  
Address: PO BOX 916376  
City-St-Zip: LONGWOOD, FL 32712

Title: P/D  
Name: SZAFRAN, MARGERY MRS  
Address: PO BOX 916376  
City-St-Zip: LONGWOOD, FL 32712

I hereby 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 all other like empowered.

SIGNATURE: MARGERY SZAFRAN

PRES

04/08/2011

Electronic Signature of Signing Officer or Director

Date