

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P04000153521**

1. Entity Name  
**FEINGOLD, INC.**



Principal Place of Business

**8959 DICKENS AVENUE  
SURFSIDE, FL 33154**

Mailing Address

**8959 DICKENS AVENUE  
SURFSIDE, FL 33154**

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

01-11-2007 90050 027 \*\*\*150.00

40001000



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

**FEINGOLD-STUDNIK, JOSHUA  
8959 DICKENS AVENUE  
SURFSIDE, FL 33154**

**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	D
NAME	FEINGOLD-STUDNIK, SHOSHANA DR.
STREET ADDRESS	8959 DICKENS AVENUE
CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	D
NAME	FEINGOLD-STUDNIK, JOSHUA
STREET ADDRESS	8959 DICKENS AVENUE
CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

Date

Daytime Phone #

*Feingold-st-4*

01/04/07 305-8672686