

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 SEP 24 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07202007 Chg-P CR2E034 (12/06)

4. FEI Number  
NOT APPLICABLE

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD SUITE 101  
TALLAHASSEE, FL 32301-2960

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WITHERS, ROBERT	
STREET ADDRESS	145 HUGUENOT STREET SUITE 401	
CITY-ST-ZIP	NEW ROCHELLE, NY 10801	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WITHERS, ROBERT	
STREET ADDRESS	145 HUGUENOT STREET SUITE 401	
CITY-ST-ZIP	NEW ROCHELLE, NY 10801	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DEGUISTO, LAURA	
STREET ADDRESS	145 HUGUENOT STREET SUITE 401	
CITY-ST-ZIP	NEW ROCHELLE, NY 10801	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DEGUISTO, LAURA	
STREET ADDRESS	145 HUGUENOT STREET SUITE 401	
CITY-ST-ZIP	NEW ROCHELLE, NY 10801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITHERS, ROBERT	
STREET ADDRESS	180 East Post RD, Suite 100	
CITY-ST-ZIP	White Plains, NY 10601	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 someone 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

9.10.07

Date

9.4. 623.4100

Daytime Phone #