

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P06000013441

1. Entity Name  
J. FRISHMAN ASSOCIATES, INC.



Principal Place of Business  
740 S FEDERAL HWY #506  
POMPANO BEACH, FL 33060

Mailing Address  
740 S FEDERAL HWY #506  
POMPANO BEACH, FL 33060

FILED  
Mar 17, 2008 08:00 A  
Secretary of State



02022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
20-4212556

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FRISHMAN, JOHN  
740 S FEDERAL HWY #506  
POMPANO BEACH, FL 33062

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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE P  
NAME FRISHMAN, JOHN  
STREET ADDRESS 740 S FEDERAL HWY #506  
CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

U00000860918  
04/02/08-80078-013 150.00

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

3/14/08 954  
x781-4521  
Date Daytime Phone #