## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 13, 2007 8:00 am Secretary of State 02-19-2007 90051 009 \*\*\*150.00

DOCUMENT # P06000148681  1. Entity Name BLOOMFIELD TROPHY, INC.							02-19-200	7 90031 009	130.00
Principal Place of Business 735 BLOOMFIELD AVENUE BLOOMFIELD, NJ 07003 US			Mailing Address 735 BLOOMFIELD AVENUE BLOOMFIELD, NI 07003 US						
2. Principal Place of Business - No P.O. Box #			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02052007	Chg-P	CR2E034 (12/06	3)
City & State			City & State			4. FEI Numb	<u> 597196</u>		Applied For No: Applicable
Zip	Country 5558 k		Zip	Cour	Hry		of Status Desired	S8.75 A	
8. Name and Address of Current Registered Agent					Name	7. Name an	d Address of New R	egistered Agent	
MCGOLDRICK, MICHAEL 12760 OAK KNOLL DRIVE PALM BEACH GARDENS, FL 33418						P.O. Box Numb	per is Not Acceptable	2)	
					City			FL Zip Co	ode
A. The shove of	amed entit	v euhmits this statement lo	r the oursess of changing de	raciclar	ad other or register	rad acont or he	oth in the State of Gr		
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. Fam familiar with, and accept the obligations of registered agent.  SIGNATURE  **SIGNATURE**  SIGNATURE**  **SIGNATURE**  **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. Fam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Fam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Fam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Fam familiar with, and accept the obligations of registered agent.  SIGNATURE**  **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. Fam familiar with, and accept the obligations of 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. Fam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Fam familiar with, and accept the obligations of registered agent, or both, in the State of Florida.  **The above named accept the obligations of the									
SIGNATURE Signature, hypedics printed name of registered agent and little if applicable (NOTE: Registered Agent agniture required when constating)  OATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees									
10.		OFFICERS AND	DIRECTORS	11.	•	ADDITIONS	! /CHANGES TO OFFI	ICERS AND DIRECTO	AS IN 11
TITLE 1	PRESIDE	At Consequent	☐ Delete	TITU	E			☐ Change	Addition
NAME MICHAEL MCGOLDRICK STREET ADDRESS 12760 CAK KNOW DR.				NAM	-				
CITY-ST-ZIP PARM BY ACH GARDENS, FL 33418					ET ADORESS -ST-7IP				
TITLE VICE PRES : DENT			☐ Delete	1114.			·	[ Change	Addition
NAME		E AS ABOVE	C Device	NAM					- College
STREET ADDRESS	5/1/((	_ // // // -			ET ADDRESS				
CITY-SI-ZIP		~44.		-	-ST-ZIP				
TITLE \$	3 EURE		☐ Delete	THU NAM				Change	Addition
STREET ADDRESS	SAM	e as above			ET ADORESS				
CITY-ST-ZIP				CITY	-\$1 · ZtP				
HILE	REACU	tin	☐ Defete	mu				Change	Addition
NAME STREET ADDRESS		e AS ABOVA		NAM	ET ADDRESS				
CITY-ST-ZIP	SAM	C AS MISSOC			-ST-ZIP				
[ · = · · ]	Π		☐ Delete	101				☐ Change	Addition
NAME STREET ACCRESS				NAM C 100	ET ADORESS				
CITY-ST-ZP					-ST-21F				]
TITLE			☐ Delete	3011	£			☐ Change	Addition
NAME				NAM.					
STREET ADORESS CITY-ST-ZIP				CITY	ET ADDRESS -ST-ZIF			<u> </u>	
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 is rupelemental 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 prive like empowered.									
SIGNATU	IRF.	X MUNINI /	Nº Selling			2/9/	2007		
SIGNAIC	بارت. <u>_</u>	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGHING OFFICER	OR DIREC	TOR	<del>7 '/</del>	Date	Dayume Phone 6	<del>,                                    </del>