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2008 FOR PROFIT CORPORATION ANNUAL REPORT

2008 JUN 11 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40055292



03172008 Chg-P CR2E034 (12/06)

4. FEI Number **26-0840733** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PERLMAN, YEVOLI & ALBRIGHT, P.L.
1500 N. FEDERAL HWY
SUITE 250
FT. LAUDERDALE, FL 33304

7. Name and Address of New Registered Agent

Name **PERLMAN YEVOLI & ALBRIGHT**
Street Address (P.O. Box Number is Not Acceptable)
200 SOUTH ANDREWS AVE.
SUITE 600
City **FT. LAUDERDALE** FL Zip Code **33304**

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

Jason E. Perlman, Pies
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

3/19/08
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	D	☐ Delete
NAME	VOGEL, BERNARD H	
STREET ADDRESS	6300 NW 31ST AVE	
CITY - ST - ZIP	FT. LAUDERDALE, FL 33309	
TITLE	D	☒ Delete
NAME	CHWATT, RICHARD	
STREET ADDRESS	6300 NW 31ST AVE	
CITY - ST - ZIP	FT. LAUDERDALE, FL 33309	
TITLE	D	☐ Delete
NAME	HERMAN, GARY	
STREET ADDRESS	720 5TH AVE, 10TH FL	
CITY - ST - ZIP	NEW YORK, NY 10019	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Change ☒ Addition
NAME	CHWATT, GLENN	
STREET ADDRESS	6300 NW 31ST AVE.	
CITY - ST - ZIP	FT. LAUDERDALE, FL 33304	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ 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 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

03/18/08 954.973.0000

Date

Daytime Phone #