


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008 8:00 am
Secretary of State

01-15-2008 90039 028 ***158.75

DOCUMENT # P07000074256
 1. Entity Name
 DONALD J PLINER INTERNATIONAL, INC



40004197

Principal Place of Business: 10800 NW 97TH STREET, SUITE 103, MIAMI, FL 33178 US
 Mailing Address: 10800 NW 97TH STREET, SUITE 103, MIAMI, FL 33178 US



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

01072008 Chg-P CR2E034 (12/06)

3. Mailing Address
 Suite, Apt. #, etc.

City & State

4. FEI Number: **26-0437300**
 Applied For: Not Applicable:

Zip: Country

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

KOENIGSBERG, JAY
 1200 BRICKELL AVENUE
 SUITE 1900
 MIAMI, FL 3313

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P
 NAME: PLINER, DONALD J
 STREET ADDRESS: 29 STAR ISLAND DRIVE
 CITY-ST-ZIP: MIAMI BEACH, FL 33134 Delete

TITLE: CFO
 NAME: TEPER, THOMAS
 STREET ADDRESS: 10800 NE 97th Street; Suite 103
 CITY-ST-ZIP: MIAMI, FLORIDA 33178 Change Addition

TITLE: CEO
 NAME: EHRENBERG, ROXANNE
 STREET ADDRESS: 745 5TH AVENUE, 25TH FLOOR
 CITY-ST-ZIP: NEW YORK, NY 10022 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Change Addition

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Change Addition

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Change Addition

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Change Addition

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Change Addition

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: Thomas Teper Thomas Teper 1/7/08 (786) 539-1810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #