


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 8:00 am
Secretary of State

01-12-2007 90015 044 ***150.00

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| DOCUMENT # P13075 | |  |
| 1. Entity Name AEGIS CAPITAL CORP. | | |

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| Principal Place of Business ATTN: LOUIS CALDERONE 70 E. SUNRISE HWY., #415 VALLEY STREAM, NY 11581-1264 | Mailing Address ATTN: LOUIS CALDERONE 70 E. SUNRISE HWY., #415 VALLEY STREAM, NY 11581-1264 |
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| 2. Principal Place of Business - No P.O. Box # 810 SEVENTH AVE. | 3. Mailing Address 810 SEVENTH AVE |
| Suite, Apt. #, etc. 11TH FLOOR | Suite, Apt. #, etc. 11TH FLOOR |
| City & State NEW YORK, NY | City & State NEW YORK, NY |
| Zip 10019 Country USA | Zip 10019 Country USA |

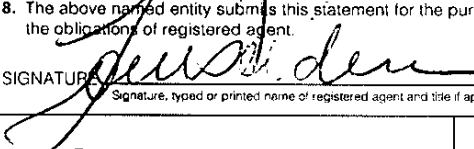


01082007 Chg-P CR2E034 (12/06)

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| 4. FEI Number 11-2671906 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent GREENWALD, FREDRIC S 225 NE MIZNER BLVD STE 500 BOCA RATON, FL 33432 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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.

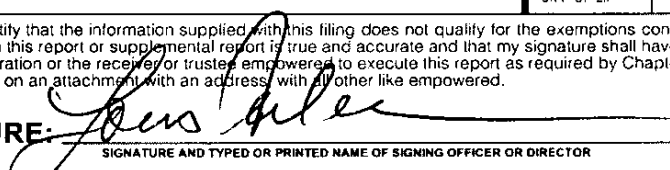
SIGNATURE:  **LOUIS CALDERONE, PRESIDENT** DATE: **1/8/07**

(NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CALDERONE, LOUIS 18 CEDAR POINT AVE WEST ISLIP, NY 11795 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V GREENWALD, FRED 7283 VIA PALOMAR BOCA RATON, FL 33433 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD EIDE, ROBERT 685 WEST END AVE NEW YORK, NY 10025 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BIER, MARTIN 8460 BRUSSELS WAY BOCA RATON, FL 33434 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  **LOUIS CALDERONE, PRESIDENT** DATE: **1/8/07** Daytime Phone #