

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2008 8:00 am
Secretary of State

03-13-2008 90032 008 ***150.00

DOCUMENT # P27336	✓
1. Entity Name 924 WEXFORD BLVD CORP	

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2. Principal Place of Business 5036 JERICHO TPK Suite, Apt. #, etc.		3. Mailing Address 5036 JERICHO TPK Suite, Apt. #, etc. 300	
City & State COMMACK, NY		City & State COMMACK, NY	
Zip 11725	Country USA	Zip 11725	Country USA

4. FEI Number 11-2985942	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

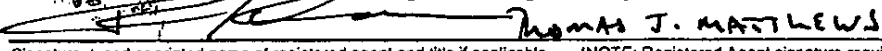
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7. Name and Address of Current Registered Agent	
Name THOMAS J. MATTHEWS	
Street Address (P.O. Box Number is Not Acceptable) 924 WEXFORD BLVD	
City SARASOTA	Zip Code FL 34230-6948

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  **THOMAS J. MATTHEWS** **3/27/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES THOMAS J. MATTHEWS 412 FIELDSTONE DR VENICE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES/ DIRECTOR THOMAS J. MATTHEWS 412 FIELDSTONE DR VENICE, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **T. MATTHEWS** **3/27/08** **631-462-4503**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**