

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P92000009331**

**1. Entity Name**  
**THE NEW YORK PICKLE COMPANY**



**Principal Place of Business**  
**2900 W SAMPLE ROAD**  
**MSK01**  
**POMPANO BEACH, FL 33073 US**

**Mailing Address**  
**8039 BELLAFORE WAY**  
**BOYNTON BEACH, FL 33437 US**



04222008 No Chg-P CR2E034 (11/05)

**4. FEI Number**  
**65-0380460**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**YOUNG, ALLEN J**  
**8039 BELLAFORE WY**  
**BOYNTON BEACH, FL 33437**

**DO NOT WRITE  
IN THIS SPACE**

**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**

*Isis Young*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**4/28/08**  
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** P  
**NAME** YOUNG, ALLEN J  
**STREET ADDRESS** 8039 BELLAFORE WAY  
**CITY-ST-ZIP** BOYNTON BEACH, FL 33437

**TITLE** V  
**NAME** YOUNG, IRIS  
**STREET ADDRESS** 8039 BELLAFORE WY  
**CITY-ST-ZIP** BOYNTON BEACH, FL 33437

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**STREET ADDRESS**  
**CITY-ST-ZIP**

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05/23/08-80013-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

**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:**

*Isis Young*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/08**  
Date

Daytime Phone #