## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 22, 2008 8:00 am Secretary of State

DOCUMENT # P9200009868  1. Entity Name THE WALDMAN & ROBBINS ORGANIZATION, INC.								01-22-2008 90084 023 ***150.00					
Principal Place of Business Mailing Address								-					
	-	-											
40 S.E. 5TH				40 SE 5TH ST STE 501									
BOCA RATON, FL 33432 STE 501 BOCA RATON, FL 33432						S							
500000000000000000000000000000000000000									6118				
2. Principal Place of Business - No P.O. Box #				3. Mailing Address				-					
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01142008	Chg-P	CR2E	034 (12/06)		
City & State				City & State				4. FEI Number Applied For 65-0380967 Not Applicable					
Zip	Country			Žip Cour			5. Certificate of Status Desired S8.75 Addition Fee Required			itional			
6. Name and Address of Current R			nt Regis	Registered Agent			7. Name and Address of New Registered Agent						
C. Halle and Addeds of Cartest Hoggestown Agent						Name							
WALDMAN, GLENN I 40 S.E. 5TH STREET BOCA RATON, FL 33432						Street Address (P.O. Box Number is Not Acceptable)							
						City							
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													
FILE NOWI!! FEE IS \$150.00  9. Election Campaign Financing \$5.00 May Be													
After M	ay 1, 2008	3 Fee will be \$550	).00	Trast i and Con	(HOULION	_	Add	60 10 1 869					
10. OFFICERS AN			D DIRECTORS 11.				,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	D			☐ Delete	TITL	E	Change				Addition		
NAME	WALDMAN, GLENN I				NAM								
STREET ADDRESS						ET ADDRESS '- ST-ZIP							
CITY-ST-ZIP													
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NAME STREET ADDRESS	ROBBINS, BRUCE M         NA           4523 N.W. 26TH PLACE         SIB					ET ADORESS					_		
CITY-ST-ZIP						-ST-ZIP			AR GLEN		Έ		
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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 attackment with an address, with all other like propriement.

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-08 Date