

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P95000009379**

1. Entity Name  
1244 PENN ASSOCIATES, INC.



Principal Place of Business  
1632 PENNSYLVANIA AVE  
MIAMI, FL 33139

Mailing Address  
1632 PENNSYLVANIA AVE  
MIAMI, FL 33139



02222008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                                                                          |                               |
|------------------------------------------------------------------------------------------|-------------------------------|
| 4. FEI Number<br>65-0578913                                                              | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

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

ROBINS, CRAIG  
1632 PENNSYLVANIA AVENUE  
MIAMI BEACH, FL 33139

**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 \_\_\_\_\_

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**

|                |                       |
|----------------|-----------------------|
| TITLE          | PD                    |
| NAME           | ROBINS, CRAIG         |
| STREET ADDRESS | 1632 PENNSYLVANIA AVE |
| CITY-ST-ZIP    | MIAMI BEACH, FL 33139 |

|                |                       |
|----------------|-----------------------|
| TITLE          | VP                    |
| NAME           | SCHLESSER, MELVYN     |
| STREET ADDRESS | 1300 COLLINS AVE 100  |
| CITY-ST-ZIP    | MIAMI BEACH, FL 33139 |

|                |                       |
|----------------|-----------------------|
| TITLE          | VPST                  |
| NAME           | ROBINS, STACY         |
| STREET ADDRESS | 230 FIFTH STREET      |
| CITY-ST-ZIP    | MIAMI BEACH, FL 33139 |

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

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

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

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Melvin Schlessen VP*

*2/26*  
Date

*305-531-3155*  
Daytime Phone #