2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000010853

FILED Feb 26, 2007 08:00 Al Secretary of State

PY FUNI	DING, INC.						
Principal Plac	ce of Business	failing Address		1			
138 INDUST Orange Pa		1600 63RD ST BROOKLYN, NY 11204 US				II PAIS : II S II PA IS	D 1808 - 81188 - 41188 D 1808
, ve , a ,							
				01082007	No Chg-P	CR2E03	4 (11/05)
	O NOT WRITE I	N THIS SPAC	JE	4. FEI Number 59-336			Applied For Not Applicable
				5. Certificate	of Status Desired		8.75 Additional se Required
	6. Name and Address of Current Regi	stered Agent		1 1 1		\$1.76 Q	
	ZIGMOND IAN CREEK IACH, FL 33140				NOT W THIS SP	* * * * * * * * * * * * * * * * * * * *	
	e named entity submits this statement for the itions of registered agent.	purpose of changing its registere	ed office or register	ed agent, or bo	th, in the State of Flo	vrida. Iavn fa	ımıliar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and till	e if applicable (NOTE: Registered	Apent signature required	t when reinstating)	-	DATE	
	E NOW!!! FEE IS \$150.00 lay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.		.00 May Be ed to Fees			
10.	OFFICERS AND DIRE	CTORS	i, a		7 12 7 4 1 6		Carry State Control
TITLE NAME	D BRACH, ZIGMOND						

STREET ADDRESS 3411 INDIAN CREEK CITY-ST-ZIP MIAMI BEACH, FL 33140 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

40 000000647367 03/06/07-80070-001 150:00

DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filling 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 employered.

SIGNATURE:

GNATURE AND TYPED'OR WHISTED NAME OF SOMING OF SER OR DIRECTOR

2/2/101

7 (8 -23 6 - 5000) Daytime Phone #

Date