


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000033396

1. Entity Name
270 SOUTH COUNTY ROAD CORP.



| | |
|--|--|
| Principal Place of Business 250 WORTH AVE PALM BEACH, FL 33480 | Mailing Address 250 WORTH AVE PALM BEACH, FL 33480 |
|--|--|

DO NOT WRITE IN THIS SPACE



02082007 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0671953 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

HANDELSMAN, BURTON
250 WORTH AVE
PALM BEACH, FL 33480

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HANDELSMAN, STEVE 18 HOTEL DR. WHITE PLAINS, NY |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP STOCKER, MARSHA 5 LOVE LANE HARRISON, NY |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS HANDELSMAN, BURTON 250 WORTH AVE PALM BCH, FL 33480 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS HANDLESMAN, LUCILLE 250 WORTH AVE PALM BEACH, FL 33480 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS HANDLESMAN, SANDY 3 LOVE LANE HARRISON, NY |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

100000687907
04/10/07-80058-007 150.00

**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: *Burton Handelsman* Date: 3-16-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #