


**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.	
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Principal Place of Business 250 WORTH AVE PALM BEACH, FL 33480	Mailing Address 250 WORTH AVE PALM BEACH, FL 33480
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DO NOT WRITE IN THIS SPACE



02082007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0671953	Applied For <input type="checkbox"/> 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
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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

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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: 	Date: 3-16-07	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		