


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Sep 23, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000036430
 1. Entity Name
 BRIARCLIFF CAPITAL CORPORATION



Principal Place of Business 1800 CORPORATE BLVD. SUITE 303 BOCA RATON, FL 33431 US	Mailing Address 1800 CORPORATE BLVD. SUITE 303 BOCA RATON, FL 33431 US
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DO NOT WRITE IN THIS SPACE



07022008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0679510	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

SPIEGELMAN, JACK
 1800 CORPORATE BLVD
 STE 303
 BOCA RATON, FL 33431

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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 \$550.00 Due by September 12, 2008	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	P SPIEGELMAN, JACK 1800 CORPORATE BLVD STE 303 BOCA RATON, FL 33431
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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 attachment with an address, with all other like empowered.

SIGNATURE: _____ **7/2/08** **561 997 0229**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #