


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90068 023 ***150.00

DOCUMENT # P97000058263					
1. Entity Name SRR MANAGEMENT CORP.					
Principal Place of Business 4201 NORTH FEDERAL HIGHWAY, SUITE B POMPANO BEACH, FL 33064-6048			Mailing Address 4201 NORTH FEDERAL HIGHWAY, SUITE B POMPANO BEACH, FL 33064-6048		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0773328	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROSENTHAL, STANLEY R 5500 NW 69 AVENUE LAUDERHILL, FL 33319			Name ROSENTHAL, STANLEY R Street Address (P.O. Box Number is Not Acceptable) 4201 North Federal Highway, Suite B City Pompano Beach FL Zip Code 33064-6048		
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT ROSENTHAL, STANLEY R. <input type="checkbox"/> Delete 5500 NW 69TH AVE LAUDERHILL, FL 33319		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT ROSENTHAL, STANLEY R. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4201 N FEDERAL HWY STE B POMPANO BEACH FL 33064-6048	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LITWER, BRUCE B. <input checked="" type="checkbox"/> Delete 5500 NW 69TH AVE LAUDERHILL, FL 33319		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PUSILLO, DIANE M <input type="checkbox"/> Delete 5500 NW 69 AVE. LAUDERHILL, FL 33319		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PUSILLO, DIANE M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4201 N FEDERAL HWY STE B POMPANO BEACH FL 33064-6048	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSENTHAL, BARBARA <input type="checkbox"/> Delete 4201 N FEDERAL HWY STE B POMPANO BEACH FL 33064-6048		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____		STANLEY R. ROSENTHAL President		4/15/08 954-941-2290	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	