

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 14, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000089441**

1. Entity Name  
**FERIC CONSTRUCTION CORP.**



Principal Place of Business

**477 MADISON AVE  
24TH FLOOR  
NEW YORK, NY 10022**

Mailing Address

**477 MADISON AVE  
24TH FLOOR  
NEW YORK, NY 10022**



05112004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>61-1334950</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GREENFIELD, MARVIN E  
1500 S. OCEAN BLVD., SUITE S-305  
BOCA RATON, FL 33432**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB GREENFIELD, MARVIN E 477 MADISON AVE.-24TH FLOOR NEW YORK, NY 10022
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSEN, PAUL 1 N.E. FIRST STREET, STE. 700 MIAMI, FL 33132
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUBIN, FELICIA 254 EAST 68TH STREET APT 14A NEW YORK, NY
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KARDOS, JUDITH 477 MADISON AVE.-24TH FLOOR NEW YORK, NY 10022
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GREENFIELD, BARBARA 477 MADISON AVE.-24TH FLOOR NEW YORK, NY 10022
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/14/04-80003-005 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #