2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P990000403261. Entity Name

ER HOLDINGS, INC.



FILED May 02, 2008 08:00 AN Secretary of State

Principal Place of Business

301 W. ATLANTIC AVE

301 W. A

DELRAY BEACH, FL 33444-3686 US

Mailing Address

301 W. ATLANTIC AVE

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DO NOT WRITE IN THIS SPACE

DELRAY BEACH, FL 33444-3686 US



04292008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0935106

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUBINO, RICHARD L ESQ. 1515 N. FEDERAL HWY. SUITE 300 BOCA RATON, FL 33432 DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its re	gistered 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)

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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Aitel may 1, 2000 I se will be \$30000	
10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASLER, ELISSA 301 W. ATLANTIC AVE STE-08 DELRAY BEACH, FL 334443686
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MASLER, ELISSA 301 W. ATLANTIC AVE STE-08 DELRAY BEACH, FL 334443686
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000946345 05/30/08-80044-024 150.00

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12. Thereby 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 supplied that is the 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 flustee employed 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

Aichard L Rubino

Date Daytime Phone #