2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000046981

1. Entity Name
LIPOWSKY MANAGEMENT CO.

Principal Place of Business	Mailing Address
1820 SW 33RD AVE MIAMI, FL 33145	1820 SW 33RD AVE MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE

01112008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0932170
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROSSZ FIU CORPORATION
C/O SPENCER FOX, ESC., COHEN/FOX, P.A.
201 SO. BISCAYNE BLVD., SUITE 850
MIAMI, FL 33131

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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 _____
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
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000785640
01/17/08-80008-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LIPOWSKY, FLORENCE
STREET ADDRESS	1820 SW 33RD AVE
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	PD
NAME	LIPOWSKY, ROBERT
STREET ADDRESS	1530 NW 182 TERRACE
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	STD
NAME	LIPOWSKY, JAY I
STREET ADDRESS	1820 SW 33RD AVENUE
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Ira Jay Lipowsky 1/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

IRA JAY LIPOWSKY