


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90042 040 ***150.00

DOCUMENT # P99000067351 1. Entity Name LIPPMAN & LIPPMAN ENTERPRISES, INC.					
Principal Place of Business 6401 CONGRESS AVE #140 BOCA RATON, FL 33487 US			Mailing Address 6401 CONGRESS AVE #140 BOCA RATON, FL 33487 US		
2. Principal Place of Business - No P.O. Box # 1200 S. ROGERS CIR		3. Mailing Address 1200 S. ROGERS CIR			
Suite, Apt. #, etc. # 3		Suite, Apt. #, etc. # 3			
City & State BOCA RATON FL		City & State BOCA RATON FL		4. FEI Number 65-0939530	
Zip 33487		Country US		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04132008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent LIPPMAN, STEVE 6401 CONGRESS AVE STE 140 BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name LIPPMAN KAREN Street Address (P.O. Box Number is Not Acceptable) 1200 S. ROGERS CIRCLE # 3 City BOCA RATON FL Zip Code 33487		
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 <u><i>Karen Lippman</i></u> 4/13/08 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	PD LIPPMAN, STEVE H 6401 CONGRESS AVE STE 140 BOCA RATON, FL 33487	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LIPPMAN, KAREN 6401 CONGRESS AVE STE 140 BOCA RATON, FL 33487	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: <u><i>Karen Lippman</i></u> 4/13/08 561-999-9701 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					