2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State

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1. Entity Nam	е	# P99000078	B594	594			04-30-2007 90403 042 ***150.00				
Principal Place	e of Business		Mailing Address				Anns	30233			
`			_	650 MADISON AVE			400	-			
650 MADISON AVE 15TH FLR				15TH FLR							
NEW YORK, NY 10022 US			NEW YORK, NY 10022	2 US							
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2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04202007	Chg-P	CR2E034 (12/0		
City & State			City & State				4. FEI Numb 65-095			Applied For Not Applicable	
Zip	Country		Zip	Zip Country			5. Certificate	of Status Desired	☐ \$8.75 / Fee Requ	Additional ired	
	6. Name	t Registered Agent				7. Name and	Address of New R	egistered Agent			
						Name					
CORPORATION SERVICE COMPANY					Street Address (P.O. Box Number is Not Acceptable)						
1201 HAYS STREET			Street A			dress (P.O. Box Number is Not Acceptable)					
TALLAHASSEE, FL 32301-2525											
					City				FL Zip C	ode	
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.											
CIONATURE											
SIGNATURE Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										 -	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. 9. Added to Fees											
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS	/CHANGES TO OFF	ICERS AND DIRECT	ORS IN 11	
TITLE	OD Delete 11				E	QQ			Chang	je 🔲 Addition	
NAME	KANAVOS	S, PAUL C		NAME		Ka	navos,	paul C.	. 44		
STREET ADDRESS	1221 BRIG	CKELL AVENUE 21ST			EET ADDRESS	65	omad	ison Aven	ue, 15th F	001	
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NAME				NAN	AE						
STREET ADDRESS					EET ADORESS						
CITY-ST-ZIP				CITY	Y-SI-ZIP						
12. I hereby certify that the information supplied with this filling 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 redeiver 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											
		SIGNATURE AND TIPED OF	**TEN UNIDE OF BIGHING OFFICE	N ON DIREC				DATE	Dayana Min		