

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90350 020 \*\*\*150.00

**DOCUMENT # P99000101157**

1. Entity Name  
925 INVESTMENT INC.



Principal Place of Business  
NRA SERVICES INC.  
526 EAST PARK AVENUE  
TALLAHASSEE, FL 32301

Mailing Address  
C/O LEOB, BLOCK & PARTNERS LLP  
505 PARK AVE. SUITE 900  
NEW YORK, NY 10022

**14015581**



03092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3611899

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

NRAI SERVICES, INC.  
526 E. PARK AVE.  
TALLAHASSEE, FL 32301

**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**  
**After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE DP  
NAME SELZER, HERBERT M  
STREET ADDRESS 505 PARK AVENUE 9 FLOOR  
CITY - ST - ZIP NEW YORK, NY 10022

TITLE DS  
NAME LEIBMAN, DAVID  
STREET ADDRESS 505 PARK AVENUE 9 FLOOR  
CITY - ST - ZIP NEW YORK, NY 10022

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 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 a former like empowered.

**SIGNATURE:**

Herbert M. Selzer, Director

4/19/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #