

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S00104

Entity Name: 436, INC.

FILED  
Mar 20, 2009  
Secretary of State

**Current Principal Place of Business:**

2295 CORPORATE BLVD. N.W.  
SUITE 222  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

2295 CORPORATE BLVD. N.W.  
SUITE 222  
BOCA RATON, FL 33431

**New Mailing Address:**

FEI Number: 65-0214469      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HERRICK, NORTON  
2295 CORPORATE BLVD NW #222  
BOCA RATON, FL 33431      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VS ( ) Delete  
Name: HERRICK, NORTON  
Address: 2295 CORPORATE BLVD NW  
City-St-Zip: BOCA RATON, FL 33431

Title: PASD ( ) Delete  
Name: HERRICK, HOWARD  
Address: 2 RIDGEDALE AVE STE 370  
City-St-Zip: CEDAR KNOLLS, NJ 07927

Title: DVAS ( ) Delete  
Name: HERRICK, MICHAEL  
Address: 2 RIDGEDALE AVE STE 370  
City-St-Zip: CEDAR KNOLLS, NJ 07927

Title: C ( ) Delete  
Name: KERMALLI, NISAR  
Address: 2 RIDGEDALE AVE STE 370  
City-St-Zip: CEDAR KNOLLS, NJ 07927

Title: D ( ) Delete  
Name: HERRICK, EVAN  
Address: 2 RIDGEDALE AVE  
City-St-Zip: CEDAR KNOLLS, NJ 07927

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NISAR KERMALLI

C

03/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date