

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90200 021 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # S21712</b>                                  |  |
| 1. Entity Name<br><b>CAMBRIDGE ASSET MANAGEMENT, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>3850 HOLLYWOOD BLVD<br/>SUITE 400<br/>HOLLYWOOD, FL 33021-6746</b> | Mailing Address<br><b>3850 HOLLYWOOD BLVD<br/>SUITE 400<br/>HOLLYWOOD, FL 33021-6746</b> |
|--|--|

|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip  | Country             |



04282008 Chg-P CR2E034 (12/06)

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0233578</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|   |  |
|---|--|
| <b>6. Name and Address of Current Registered Agent</b>  | <b>7. Name and Address of New Registered Agent</b> |
| <b>CORNFELD ROBERT M.<br/>3850 HOLLYWOOD BLVD 400<br/>SUITE 485 SOUTH<br/>HOLLYWOOD, FL 33021</b> | Name<br><i>Jeffrey D. Cornfeld</i>                 |
|   | Street Address (P.O. Box Number is Not Acceptable) |
|   | <i>3850 Hollywood Blvd #400</i>                    |
|   | City <i>Hollywood</i> FL Zip Code <i>33021</i>     |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DPVS<br>CORNFELD, JEFFREY D.<br>3850 HOLLYWOOD BLVD.<br>HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>DUFEK, JOHN A<br>3850 HOLLYWOOD BLVD #400<br>HOLLYWOOD, FL 33021 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>HUROWITZ, SUSANNE<br>3850 HOLLYWOOD BLVD<br>HOLLYWOOD, FL 330216746 <input type="checkbox"/> Delete         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 to this address, with all other like empowered.

**SIGNATURE:** *[Signature]* AUTHORIZED AGENT Pres 4/29/08 (954) 989-2200  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #