

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 20, 2007 08:00 AM
Secretary of State

DOCUMENT # S78052

1. Entity Name
NORTHSIDE MANOR, INC.



Principal Place of Business

**3344 HELMS AVE
CULVER CITY, CA 90232 US**

Mailing Address

**3344 HELMS AVE
CULVER CITY, CA 90232 US**



07102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0307445	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FEINBERG, JEFF
4000 HOLLYWOOD BLVD, SUITE 350
HOLLYWOOD, FL 33021**

**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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VALVERDE, CARLOS H.
STREET ADDRESS	3344 HELMS AVE
CITY-ST-ZIP	CULVER CITY, CA 90232

TITLE	VP
NAME	VALVERDE, RODOLFO H.
STREET ADDRESS	11107 BRAELCLOCK DR
CITY-ST-ZIP	CULVER CITY, CA 90232

TITLE	T
NAME	VALVERDE, RICARDO A.
STREET ADDRESS	3232 FAY AVE
CITY-ST-ZIP	LOS ANGELES, CA 90034

TITLE	S
NAME	VALVERDE, CARLOS R.
STREET ADDRESS	3346 SHERBOURNE AVENUE
CITY-ST-ZIP	CULVER CITY, CA 90232

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Richard Valverde 7-10-07 323 734 4200