


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90100 046 \*\*\*150.00

**DOCUMENT # V48630**  
 1. Entity Name  
**SD & D MANAGEMENT COMPANY NO. 1 INC.**



Principal Place of Business      Mailing Address  
 4409 ALTON ROAD                      4409 ALTON ROAD  
 MIAMI BEACH, FL 33140              MIAMI BEACH, FL 33140



01042008      No Chg-P      CR2E034 (11/05)

6. Name and Address of Current Registered Agent  
**DUNAEVSKY, DOV**  
**4409 ATLTON ROAD**  
**MIAMI BEACH, FL 33140**

4. FEI Number  
**65-0403594**      Applied For  
 Not Applicable

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

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 re-registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

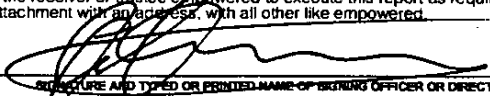
9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS DUNAEVSKY, DOV 4409 ALTON RD. MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-P CAROL DUNAEVSKY 4409 ALTON RD. MIAMI BEACH FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec'y MARK DUNAEVSKY 525 GROVE ST EVANSTON, ILL. 60201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE

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

4/8/08 (305) 532-9551  
Date      Daytime Phone #