

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S00104

**Entity Name:** 436, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 65-0214469

**Certificate of Status Desired:** Yes

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

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

*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

**Officer/Director Detail :**

Title VS  
Name HERRICK, NORTON  
Address 2295 CORPORATE BLVD NW  
City-State-Zip: BOCA RATON FL 33431

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

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

Title C  
Name TONY, MAFFEI  
Address 2 RIDGEDALE AVE STE 370  
City-State-Zip: CEDAR KNOLLS NJ 07927

Title DV  
Name HERRICK, EVAN  
Address 2 RIDGEDALE AVE  
City-State-Zip: CEDAR KNOLLS NJ 07927

*I hereby 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 all other like empowered.*

**SIGNATURE:** TONY MAFFEI

**CONTROLLER**

01/24/2019

Electronic Signature of Signing Officer/Director Detail

Date