2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

ANNUAL REPORT (AR) **FILED** DOCUMENT # P96000060129 Apr 03, 2007 08:00 AM Secretary of State 1. Entity Name 350 REALTY CORP. Principal Place of Business Mailing Address 250 WORTH AVENUE 250 WORTH AVENUE UNIT 4 PALM BEACH FL 33480 PALM BEACH FL 33480 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, otc. 1st MOORE CR2E034 (10/06) City & Stato City & State 4. FEI Number Applied For 65-0707994 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo HANDELSMAN, BURTON Street Address (P.O. Box Number is Not Acceptable) 250 WORTH AVENUE PALM BEACH FL 33480 Zip Codo 8. The above named onlify submits this statement for the purpose of changing its registered effice 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 r applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VPSD mu. IIILE ☐ Change Addition ☐ Deiete STOCKER, MARSHA NAMI NAMI. 18 HOTEL DRIVE STREET ADDRESS STRUCT ADDRESS WHITE PLAINS NY 10605 CITY-ST-7IP CITY-ST-ZIP U00000687848 TD HITCH Delete TIDE 04/10/07-80056-004-19999000 □ Addition HEASLIP, SANDY NAME NAMI 18 HOTEL DR STREET AODRESS STREET ADORESS CHY-ST-ZIP WHITE PLAINS NY 10605 CITY-ST-7IP □ Addition HILL Delete TITLE Change NAMI. HANDELSMAN, LUCILLE NAME STREET ADDRESS 18 HOTEL DRIVE STRUET ADDRESS WHITE PLAINS NY 10605 CITY-ST-7IP CITY-ST-ZIP Addition THE ☐ Delete TITLE ☐ Change HANDELSMAN, BURTON NAME NAME 18 HOTEL DR STREET ADDRESS STREET ADDRESS WHITE PLAINS NY 10605 CITY-ST-7IP CITY-ST-7IP anu: ☐ Delete TITLE ☐ Change Addition | NAMI NAME STREET ADDRESS STREET ADDIESS CITY-ST-7IP CITY-ST-ZIP Change Addition TITLE Defeto 100 NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal offect as if made under eath; 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.

ONING OFFICER OR DIRECTOR