


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 222976**

1. Entity Name  
 79TH STREET CORP



Principal Place of Business 1529 ALGARDI AVENUE CORAL GABLES, FL 33146	Mailing Address 535 VITTORIO AVENUE CORAL GABLES, FL 33146
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**DO NOT WRITE IN THIS SPACE**



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0939172	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DONET, DAVID A ESQ  
 2655 LEJEUNE RD  
 PENTHOUSE #2-C  
 CORAL GABLES, FL 33134

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

100000388260  
 01/19/06-80071-017 158.75  
 DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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	PD BATISTA, F R 535 VITTORIO AVENUE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VALDESPINO, AURORA 1529 ALGARDI AVE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NOBLE, DULCE 1861 SW 36 CT MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PONSDOMENECH, MIRTA 535 VITTORIO AVENUE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: F. R. Batista      Date: 1/12/06      Daytime Phone #: 305-665-8215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR