
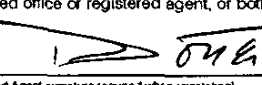
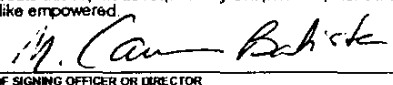


# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 NOV 26 PM 5:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # 222976</b>					
1. Entity Name <b>79TH STREET CORP</b>					
Principal Place of Business <b>1529 ALGARDI AVENUE CORAL GABLES, FL 33146</b>			Mailing Address <b>535 VITTORIO AVENUE CORAL GABLES, FL 33146</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-0939172</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DONET, DAVID A ESQ 2655 LEJEUNE RD PENTHOUSE #2-C CORAL GABLES, FL 33134</b>			Name Street Address (P.O. Box Number is Not Acceptable) <b>6161 Blue Lagoon Drive</b> Suite 430 City <b>Miami</b> <b>FL</b> Zip Code <b>33126</b>		
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 <b>David A. Donet, Esq.</b>				DATE <b>11/21/07</b>	
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>BATISTA, F R</b> <b>535 VITTORIO AVENUE</b> <b>CORAL GABLES, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100112663671</b> <b>11/28/07--01047--002 **70.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>VALDESPINO, AURORA</b> <b>1529 ALGARDI AVE</b> <b>CORAL GABLES, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>NOBLE, DULCE</b> <b>1881 SW 36 CT</b> <b>MIAMI, FL 33145</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>PONSDOMENECH, MIRTA</b> <b>535 VITTORIO AVENUE</b> <b>CORAL GABLES, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <b>M. Carmen Batista</b>				DATE <b>11/20/07</b> 786-268-0596	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		DAYTIME PHONE #	

11/29