

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 222976

FILED
Feb 27, 2009
Secretary of State

Entity Name: 79TH STREET CORP

Current Principal Place of Business:

535 VITTORIO AVENUE
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

535 VITTORIO AVENUE
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 59-0939172 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONET, DAVID A ESQ
12855 S.W. 132ND STREET
SUITE 207
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BATISTA, M. CARMEN
Address: 535 VITTORIO AVENUE
City-St-Zip: CORAL GABLES, FL

Title: VD () Delete
Name: VALDESPINO, AURORA
Address: 1529 ALGARDI AVE
City-St-Zip: CORAL GABLES, FL

Title: STD () Delete
Name: NOBLE, DULCE
Address: 1861 SW 36 CT
City-St-Zip: MIAMI, FL 33145

Title: SD () Delete
Name: PONSDOMENECH, MIRTA
Address: 535 VITTORIO AVENUE
City-St-Zip: CORAL GABLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: M. CARMEN BATISTA

PD

02/27/2009

Electronic Signature of Signing Officer or Director

_____ Date