


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # 513089	
1. Entity Name 1ST STREET AGENCY, INC.	

Principal Place of Business 1300 SAWGRASS CORPORATE PARKWAY STE 300 SUNRISE, FL 33323-2804	Mailing Address 1300 SAWGRASS CORPORATE PARKWAY STE 300 SUNRISE, FL 33323-2804
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04142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1689622	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BULLINGTON, DOUGLAS W
 1ST STREET AGENCY INC.
 1300 SAWGRASS CORPORATE PARKWAY, STE. 300
 SUNRISE, FL 33323

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

05/05/08-80029-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BULLINGTON, DOUGLAS W 1300 SAWGRASS CORPORATE PARKWAY, STE. 300 SUNRISE, FL 333232804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GARCELL, CARIDAD 1300 SAWGRASS CORPORATE PARKWAY, STE. 300 SUNRISE, FL 333232804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O TROMER, KEVIN 1300 SAWGRASS CORPORATE PARKWAY, SUITE 300 SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: Caridad Garcell Date: 4-14-08 Daytime Phone #: 954-331-4812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR