

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 18, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000004230

1. Entity Name
WEST 12TH STREET OWNERS, INC.



Principal Place of Business
**3 NEW YORK PLAZA, 19TH FLOOR
NEW YORK, NY 10004**

Mailing Address
**3 NEW YORK PLAZA, 19TH FLOOR
NEW YORK, NY 10004**

DO NOT WRITE IN THIS SPACE



07032007 No Chg-P CR2E034 (11/05)

4. FEI Number
13-2977040

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SIMON, BERT C
1660 PRUDENTIAL DR., #203
JACKSONVILLE, FL 32207**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME SOLOMON, SCOTT
STREET ADDRESS 3 NEW YORK PLAZA, 19TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10004

TITLE VS
NAME KATZ, JEROME
STREET ADDRESS 3 NEW YORK PLAZA, 19TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10004

TITLE D
NAME MANOCHERIAN, JED
STREET ADDRESS 3 NEW YORK PLAZA, 19TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10004

TITLE D
NAME MANOCHERIAN, GREG
STREET ADDRESS 3 NEW YORK PLAZA, 19TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10004

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000769340
07/18/07-80002-007 150.00

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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 or without like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerome H. Katz

7/18/07
Date

Daytime Phone #