


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 <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SIMON, BERT C
 1660 PRUDENTIAL DR., #203
 JACKSONVILLE, FL 32207

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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) 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	

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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 other like empowered.

SIGNATURE: Jerome H. Katz 7/18/07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #