

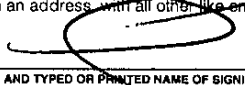


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90219 004 ***150.00

DOCUMENT # L10173			
1. Entity Name 421 WASHINGTON AVENUE, INC.			
Principal Place of Business 523 MICHIGAN AVE MIAMI BEACH, FL 33139-6602		Mailing Address 523 MICHIGAN AVE MIAMI BEACH, FL 33139-6602	
2. Principal Place of Business 230 5th Street Suite, Apt. #, etc.		3. Mailing Address 230 5th Street Suite, Apt. #, etc.	
City & State Miami Beach, FL		City & State Miami Beach, FL	
Zip 33139	Country USA	Zip 33139	Country USA
6. Name and Address of Current Registered Agent ROBINS, SCOTT 523 MICHIGAN AV MIAMI, FL 33139		7. Name and Address of New Registered Agent Name: Robins, Scott Street Address (P.O. Box Number is Not Acceptable): 230 5th Street City: Miami Beach FL Zip Code: 33139	
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: 2/21/05			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: ROBINS, SCOTT STREET ADDRESS: 523 MICHIGAN AV CITY-ST-ZIP: MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete	TITLE: PD NAME: Robins, Scott STREET ADDRESS: 230 5th Street CITY-ST-ZIP: Miami Beach, FL 33139	<input checked="" 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 type="checkbox"/> Addition
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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 exemption stated in Section 119.07(3)(i), 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 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: 		Date: 2/21/05 Daytime Phone #: 305-674-0200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SCOTT ROBINS COMPANY 230 FIFTH STREET MIAMI BEACH, FL 33139			

50019847



02212005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0145117 Applied For Not Applicable

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

2/21/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

SCOTT ROBINS COMPANY
 230 FIFTH STREET
 MIAMI BEACH, FL 33139