2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 15, 2004 8:00 am
Secretary of State
03-15-2004 90085 040 ***158.75

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1. Entity Name
A1A CORNER OF JOHNSON STREET REAL ESTATE CORP.

Principal Place of Business	Mailing Address
349 JOHNSON STREET HOLLYWOOD BEACH, FL 33019	8 E 41ST STREET 6TH FLOOR NEW YORK, NY 10017

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 65-0220023 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

LEVY, SHAUL
C/O WINGS
349 JOHNSON STREET
HOLLYWOOD BEACH, FL 33019

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	P.	☑ Change ☐ Addition
NAME	LEVY, SHAUL		NAME	Levy Shaul	
STREET ADDRESS	18 EAST 42ND STREET		STREET ADDRESS	8 East 41st Street 6th Floor	
CITY-ST-ZIP	NEW YORK, NY		CITY-ST-ZIP	New York, NY 10017	
TITLE	VP	☐ Delete	TITLE	VP	☐ Change ☐ Addition
NAME	LEVY, MEIR		NAME	Levy Meir	
STREET ADDRESS	18 EAST 42ND STREET		STREET ADDRESS	8 East 41st Street 6th Floor	
CITY-ST-ZIP	NEW YORK, NY		CITY-ST-ZIP	New York, NY 10017	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 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: S. L [signature] 3/13/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #