


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000043347 1. Entity Name 2101 S.W. 8TH STREET CORPORATION	
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Principal Place of Business 6697 SW 70 AVENUE MIAMI, FL 33143	Mailing Address 6697 SW 70 AVENUE MIAMI, FL 33143
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06092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1118010	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent R.L. MAGRAM, P.A. 6697 SW 70 AVENUE MIAMI, FL 33143
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SANCHEZ, STEFANIE C 6697 SW 70 AVENUE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SANCHEZ, LUIS F 6697 SW 70 AVENUE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BERMUDEZ MAGRAM, MARTHA F 6697 SW 70 AVENUE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>100000369625 06/17/05-80001-005 158.75</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: <u>Stefanie C Sanchez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>6/9/05</u> Daytime Phone # <u>(305) 740-7779</u>