


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------|----------------------------------------------------------|------------------------------------------------------------------------------------|---------|
| DOCUMENT # P02000007910 | | | |  | |
| 1. Entity Name 58TH ST WAREHOUSE, INC. | | | | | |
| Principal Place of Business 8200 N.W. 58 STREET MIAMI FL 33166 | | | Mailing Address 8200 N.W. 58 STREET MIAMI FL 33166 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 6. Name and Address of Current Registered Agent JOSEPH G. MORETTI JR. 401 LEUCADEUDRA DR. MIAMI FL 33156-2367 | | | | 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) | |



1st MOORE CR2E034 (10/05)

4. FEI Number **04-3605145** Applied For Not Applicable

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 | PTD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | MORETTI, JOSEPH G JR | | | NAME | | | |
| STREET ADDRESS | 401 LEUCADENDAR DR. | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CORAL GABLES FL 33156 | | | CITY-ST-ZIP | | | |
| TITLE | SD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | MORETTI, PATRICIA A | | | NAME | | | |
| STREET ADDRESS | 401 LEUCADENDAR DR. | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI FL 33156 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

U00000498965
 04/24/06-80012-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

SIGNATURE: *Joseph G. Moretti Jr.* JOSEPH G MORETTI JR. Date: 4/06/06 305 592 522
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #