


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Jul 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000067598
1. Entity Name
NEW YORKER 57 CORP.



Principal Place of Business Mailing Address
2055 ROCKLEDGE DRIVE **2055 ROCKLEDGE DRIVE**
ROCKLEDGE, FL 32955 US **ROCKLEDGE, FL 32955 US**

DO NOT WRITE IN THIS SPACE


07052005 No Chg-P CR2E034 (10/03)
4. FEI Number Applied For
54-2065126 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MARTELLI, MARCO
2055 ROCKLEDGE DRIVE
ROCKLEDGE, FL 32955

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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:  DATE: **6-6-05**
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
Due by September 7, 2005

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	D
NAME	MARTELLI, MARCO
STREET ADDRESS	2055 ROCKLEDGE DRIVE
CITY - ST - ZIP	ROCKLEDGE, FL 32955
TITLE	D
NAME	MARTELLI, MADELINE
STREET ADDRESS	2055 ROCKLEDGE DRIVE
CITY - ST - ZIP	ROCKLEDGE, FL 32955
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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07/07/05-80014-006 150.00

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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:  Date: **6-6-05** Daytime Phone #: **878395887**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR