


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 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



04202007 No Chg-P CR2E034 (11/05)

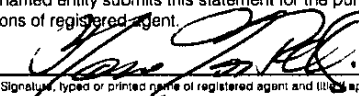
4. FEI Number 54-2065126	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTELLI, MARCO
 2055 ROCKLEDGE DRIVE
 ROCKLEDGE, FL 32955

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:  DATE: _____

Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTELLI, MARCO 2055 ROCKLEDGE DRIVE ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTELLI, MADELINE 2055 ROCKLEDGE DRIVE ROCKLEDGE, FL 32955
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 05/08/07-80001-005 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  DATE: 4/20/07 DAYTIME PHONE: (917) 239 5887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR