


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000083073**

1. Entity Name  
 1051 19TH STREET CORP



Principal Place of Business  
 1051 SW 19TH STREET  
 BOCA RATON, FL 33486

Mailing Address  
 1150 SW 15TH STREET  
 BOCA RATON, FL 33486

**DO NOT WRITE IN THIS SPACE**



02192008 No Chg-P CRZE034 (11/05)

4. FEI Number  
 20-0120466 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

REED, IRENE P  
 1150 SW 15TH STREET  
 BOCA RATON, FL 33486

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

DATE  
 03/09/06-80040-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	REED, RICHARD S
STREET ADDRESS	1150 SW 15TH STREET
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	V
NAME	REED, CONNIE Z
STREET ADDRESS	1151 SW 16TH STREET
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	T
NAME	REED, IRENE P
STREET ADDRESS	1150 SW 15TH STREET
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Irene Rebecca Reed 2-20-06 5639 2423  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #