

ANNUAL REPORT

DOCUMENT # P03000083073

1. Entity Name  
1051 19TH STREET CORP



Jan 23, 2007  
Sec

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

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



01212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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  
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 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000599303  
01/25/07-80021-024 150.00

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: *[Signature]* 1-21-07 501 92423  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #