

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000110285

FILED
Jan 03, 2006
Secretary of State

Entity Name: 1120 CORP.

Current Principal Place of Business:

270 NW 183 ST
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

270 NW 183 ST
MIAMI, FL 33169

New Mailing Address:

FEI Number: 02-0708351

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RILEY, PATRICIA
Address: 270 NW 184RD ST.
City-St-Zip: MIAMI, FL 33169

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: RILEY, PATRICIA
Address: 270 NW 184RD ST.
City-St-Zip: MIAMI, FL 33169

Title: V () Change (X) Addition
Name: SCHWEITZER, MICHAEL
Address: 270 N.W. 183RD STREET
City-St-Zip: MIAMI, FL 33169

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA RILEY

PSDT

01/03/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date