

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90018 046 \*\*\*158.75



**DOCUMENT # P05000036742**

1. Entity Name

79TH ST. PARKSITE INC.

Principal Place of Business

480 NE 79TH STREET  
 MIAMI FL 33138

Mailing Address

480 NE 79TH STREET  
 MIAMI FL 33138



1st MOORE CR2E034 (10/05)

2. Principal Place of Business

480 NE 79<sup>th</sup> STREET

Suite, Apt. #, etc.

MIAMI FL

City & State

33

3. Mailing Address

480 NE 79<sup>th</sup> STREET

Suite, Apt. #, etc.

MIAMI FL

City & State

4. FEI Number

522455346

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

33138

Country

USA

Zip

33138

Country

USA

6. Name and Address of Current Registered Agent

ASKARI, HUMA  
 825 SUNFLOWER CIR  
 WESTON FL 33327

7. Name and Address of New Registered Agent

Name HUMA ASKARI

Street Address (P.O. Box Number is Not Acceptable)

825 SUNFLOWER CIR

WESTON

City

FL

Zip Code

33327

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 title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00.**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  Delete  
 NAME ASKARI, HUMA  
 STREET ADDRESS 825 SUNFLOWER CIR  
 CITY-ST-ZIP WESTON FL 33327

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Huma Askari* HUMA ASKARI

3/29/06

(954) 854 6280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #