



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000030873 1. Entity Name 1610 EUCLID CORP.								
Principal Place of Business 1228 ALTON RD. MIAMI BCH., FL 33139 US	Mailing Address 1228 ALTON RD. MIAMI BCH., FL 33139 US							
<div style="text-align: center; font-size: 2em; opacity: 0.5;"> STATE OF FLORIDA </div>								
2. Name and Address of Current Registered Agent RESNICK, SARA 1228 ALTON RD MIAMI BEACH, FL 33139		<div style="text-align: center;">  01132006 No Chg-P CRZE034 (11/05) </div>						
3. 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.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"> 4. FEI Number 65-0407867 </td> <td style="padding: 2px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table> </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </td> </tr> </table>	4. FEI Number 65-0407867	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>	Applied For	Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required								
SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering) DATE _____								
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees						
10. OFFICERS AND DIRECTORS								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RESNICK, SARA 1228 ALTON RD. MIAMI BCH., FL 33139							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RESNICK, JAMES 1228 ALTON RD. MIAMI BCH., FL 33139							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____							
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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: <u>JAMES RESNICK</u> 3-6-06 305-6734921								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayman Phone #								