


**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 <b>1228 ALTON RD.          MIAMI BCH., FL 33139 US</b>	Mailing Address <b>1228 ALTON RD.          MIAMI BCH., FL 33139 US</b>
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01132006 No Chg-P CRZE034 (11/05)

4. FEI Number <b>65-0407867</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**8. Name and Address of Current Registered Agent**

**RESNICK, SARA  
 1228 ALTON RD  
 MIAMI BEACH, FL 33139**

9. 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 \_\_\_\_\_ (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 Contributor.  **\$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
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04/11/06-80028-002 150.00

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:** JAMES RESNICK 3-6-06 305-6734981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayman Phone #