

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000004523

1. Entity Name  
 1115 CORP.



Principal Place of Business  
 8295 SW 2ND ST.  
 MIAMI FL 33144

Mailing Address  
 8295 SW 2ND ST.  
 MIAMI FL 33144



1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0741765

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, ANTONIO  
 8295 SW 2ND ST.  
 MIAMI FL 33144

Name

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

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

D  
 GONZALEZ, ANTONIO  
 8295 SW 2ND ST.  
 MIAMI FL 33144

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

Change  Addition

U00000650508  
 03/08/07-80016-014 150.00

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

Change  Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Antonio Gonzalez* President 2-23-07 305 803 3357