


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000103444**

1. Entity Name  
**161 CORP.**



Principal Place of Business  
**161 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

Mailing Address  
**161 ALMERIA AVENUE  
 CORAL GABLES FL 33134  
 US**

2. Principal Place of Business  
 Suite, Apt. #, etc

3. Mailing Address  
 Suite, Apt. #, etc

City & State

Zip Country



MOORE CR2E034 (11/03)

4. FEI Number **65-0737053** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**AMES, STUART D  
 2200 MUSEUM TOWER  
 250 WEST FLAGLER STREET  
 MIAMI FL 33130**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	DPST	<input type="checkbox"/> Delete
NAME	NICHOLS, JOHN R	
STREET ADDRESS	161 ALMERIA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BROSCH, BRUCE F	
STREET ADDRESS	161 ALMERIA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SANDOVAL, GREGORY P	
STREET ADDRESS	161 ALMERIA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	NICHOLS, LORRAINE	
STREET ADDRESS	161 ALMERIA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000075023  
 03/03/04-80041-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **X**  **3/1/04** **305-443-5206**

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