

**2006 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # P97000054664
 1. Entity Name
 601-615 WASHINGTON AVE., PROPERTY, INC.



FILED
 05 JUN 19 AM 11:33
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
~~2503 SW 27 AVE~~ *3191 Coral Way*
 MIAMI, FL ~~33133~~ *33145*
 #1008

Mailing Address
 3191 CORAL WAY #1008
 MIAMI, FL 33145

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

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

Barcode

05182006 Chg-P CR2E034 (11/05)

4. FEI Number
 65-0762785

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 SOSTCHIN, GUILLERMO
 3191 CORAL WAY #1008
 MIAMI, FL 33145

7. Name and Address of New Registered Agent
 Name *David E. Stone*
 Street Address (P.O. Bx Number is Not Acceptable)
3191 Coral Way
#1008
 City *Miami* FL Zip Code *33145*

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]* DATE: *06/15/2008*

Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

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 SOSTCHIN, GUILLERMO 3191 CORAL WAY #1008 MIAMI, FL 33145 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>David E. Stone</i> <i>3191 Coral Way #1008</i> <i>Miami FL 33145</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRACE VIVES 3191 CORAL WAY #1008 MIAMI, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President</i> <i>Grace Vives</i> <i>3191 Coral Way #1008</i> <i>Miami FL 33145</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>200076718432</i> <i>06/29/06--01047--016</i> <i>**\$61.25</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>JC 6/20</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Grace Vives S. 5/22/2008* (305) 426-7767
Signature and typed or printed name of signing officer or director Date Daytime Phone #