

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000067398

Entity Name: 9000 BK. STREET, INC.

FILED
Apr 25, 2005
Secretary of State

Current Principal Place of Business:

3904 SE OLD ST LUCIE BLVD
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

3904 SE OLD ST LUCIE BLVD
STUART, FL 34996

New Mailing Address:

FEI Number: 65-0722688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VINY, JUDY
3904 SE OLD ST LUCIE BLVD
STUART, FL 34996 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VINY, JUDY
Address: 3904 SE OLD ST LUCIE BLVD
City-St-Zip: STUART, FL 34996

Title: SD () Delete
Name: GLASSER, GENE
Address: 2021 TYLER STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: TD () Delete
Name: HIRSH, CHARLES
Address: 7990 SW 117TH AVE. STE 203
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY VINY

PD

04/25/2005

Electronic Signature of Signing Officer or Director

_____ Date