PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State 1999 DIVISION OF CORPORATIONS

DOCUMENT # P94000017058

1. Corporation Name 137 INVESTMENTS, INC.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90010 024 ***150.00



Principal P ace of Business Mailing Address									
12300 SW 132N		12300 SW 132ND CT.							
MIAMI FL 3(186		MIAMI FL 33186			DO NOT WRITE IN T	EIS SPACE			
						3 Date Incorporated or Qualifed	- 10 01 NOE		
						02/28/1994			
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number	Ap	pylied For	
21		26				65-0474245		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75		
22		27				3. Octate at a diame position	Fee Re	equired	
City & State	e	City & State				6. Election Campaign Financing	\$5.00		
23		28				Trust Fund Contribution	Added t	to Fees	
Zip	Country	Zip	Countr	У		8. This corporation owes the current year		_	
24	25	29 3	0			Personal Property Tax.	Yes	□No	
,	g. Name and Address of Current	Registered Agent		,		10. Name and Address of New Register	t d Agent		
			81	l Nar	me				
SHAPIRO, JEREMY B			82	Stre	eet Arldre	ess (P.O. Bo) Number is Not Acceptable)	- 		
12300 SW 132ND CT.			-	- - -					
MIAMI FL 33186			83	3					
				1 0:-			85 Zip (Code	
			84	City	y	i	=L °° ²'' \	2308	
l office or n	to the provisions of Sections 607,0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	rf Florida. Such change was ₃ut	horized by	/ the c	ned corpo orporation	oration submis this statement for the purposin's board of directors. I hereby accept the ap	e of changing its in ointment as re	registered gistered	
SIGNATUF.E	Signature, typed or printed na ne of registered agen	t and title if applicable (NOTE: R	legistered Age	ent signal	ture required	when reinstating) DATE			
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS			
TITLE	T	☐ DELETE	1.1 TITLE				☐ Change	☐ Addition	
NAME	GADINSKY, DOROTHY		1.2 NAME						
STREET ADDRESS	10220 S.W. 87TH STREET		1.3 STREE	ET ADDRI	ESS				
CITY-ST-ZIP	MIAMI FL		1,4 CITY-	ST-ZIP	_L_				
TITLE	VP	☐ DELETE	2.1 TITLE				Change	☐ Addition	
NAME	PERRIN, TERRY		2.2 NAME		1				
STREET ADDRESS	13717 S.W. 136TH STREET		2.3 STREET ADD		ESS				
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-2						
TITLE	DT	☐ DELETE	3.1 TITLE				Change	Addition	
NAME	GADINSKY, DOROTHY		3.2 NAME						
STREET ADDRESS	10220 S.W. 87TH STREET		3 3 STREE	ET ADDR	ESS				
CITY-ST-ZIP	MIAMI FL		3.4. CITY-						
TITLE	DP	☐ DELETE	4.1 TITLE				☐ Change	Addition	
NAME	SHAPIRO, JEREMY		4. 2 NAME						
STREET ADDRESS	12300 SW 132ND CT.		4.3 STRE	ET ADDRI	ESS				
CITY-ST-ZIP	4 44 4 5 4 5 70 1			4.4 CITY-ST-ZIP					
TITLE				5.1 TITLE			☐ Change	Addition	
NAME		_	5.2 NAME						

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE TOR DIRECTOR

☐ Addition