


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000092499 1. Entity Name 689 NE 125 STREET CORPORATION			
Principal Place of Business 1111 LANE CONCOURSE #502 BAY HARBOR, FL 33154 US		Mailing Address P O BOX 1370 UDENINGSTEIN, GR 61453 GR	
2. Principal Place of Business 25040 ASCOT LAKE CT. Suite, Apt. #, etc.		3. Mailing Address 25040 ASCOT LAKE CT. Suite, Apt. #, etc.	
City & State BONITA SPRINGS, FL. Zip 34134 Country		City & State BONITA SPRINGS, FL. Zip 34134 Country	
4. FEI Number 65-0794297		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WIEBER, DOUGLAS E 9240 BONITA BEACH RD #3305 BONITA SPRINGS, FL 34135		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DPST * MITTHOF, HANS P O BOX 1370 KOENIGSTEIN, GERMANY, 61453	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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
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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: <u>J. J. J. Pres.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/25/04</u> <small>Daytime Phone #</small>	

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