## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

JCUMENT # P97000060148

1409 MANAGEMENT INC.



**FILED** Apr 28, 2006 08:00 AN Secretary of State

Principal Place of Business

1409 WASHINGTON AVE MIAMI BEACH, FL 33139

HOLLYWOOD, FL 33020

SIGNATURE:

Mailing Address

4100 N 28 TERR HOLLYWOOD, FL 33020 US



DO	NOT	WR	ITE	IN	THIS	SPA	CE
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Applied For 4. FEI Number 65-0769796 Not Applicable \$8.75 Additional 

5. Certificate of Status Desired

02242006

Fee Required

538-2273

CR2E034 (11/05)

STONE, ADELE I 1946 TYLER ST.

6. Name and Address of Current Registered Agent

## DO NOT WRITE IN THIS SPACE

No Chg-P

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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.											
CIÓNATUDE.											
SIGNATURE Signature: typed or printed name of registered agent and fille if applicable. (NOTE: Registered Agent signature required when reinstaling)  DATE											
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.			• –	\$5.00 May Be Added to Fees							
10,	ÖFFICERS AND DIREC	TORS									
THE NAME STREET ADDRESS CITY-ST-ZIP	P LIPKIN, YOSSI 4100 N 28 TERR HOLLYWOOD, FL 33020										
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U0000054 05/10/06-80	2137 0084-026 150.00					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WR	RITE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			IN <sup>-</sup>	THIS SPA	<b>ICE</b>					
TITLE NAME STREET ADDRESS GITY-ST-ZIP											
TITLE NAME SIRELI ADDRESS CHY-SI-ZIP											
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 emproved to execute this report as repaired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an actions, with all observice emproved.											

PARSIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

156.24, 200 C