
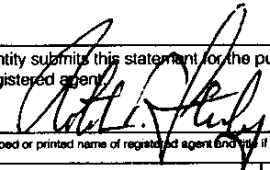
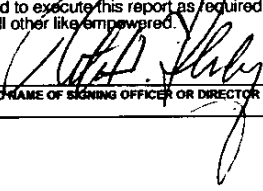


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90030 029 \*\*\*150.00

<b>DOCUMENT # 237510</b>					
1. Entity Name <b>2801 INCORPORATED</b>					
Principal Place of Business <b>ELEANOR ALBE 2801 NE 14TH ST FT LAUDERDALE, FL 33304 US</b>			Mailing Address <b>ELEANOR ALBE 2801 NE 14TH ST FT. LAUDERDALE, FL 33304 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-0907721</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ALBE, ELEANOR 2801 NE 14TH ST FT LAUDERDALE, FL 33304</b>			7. Name and Address of New Registered Agent Name <b>ROBERT F. STEINLAUF</b> Street Address (P.O. Box Number is Not Acceptable) <b>2801 NE 14 ST APT 4A</b> <b>FORT LAUDERDALE</b> City <b>FL</b> Zip Code <b>33304</b>		
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: 		(NOTE: Registered Agent signature required when reinstating)		DATE: <b>2/10/08</b>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALBE, ELEANOR		NAME		
STREET ADDRESS	2801 NE 14TH ST		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		CITY-ST-ZIP		
TITLE	DTS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEINLAUF, ROBERT		NAME		
STREET ADDRESS	2801 NE 14TH ST		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MYERS, WILLIAM		NAME		
STREET ADDRESS	2801 14 ST		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	George Riddle		NAME		
STREET ADDRESS	33304		STREET ADDRESS		
CITY-ST-ZIP	APT # 33 2801 NE 14 ST, Ft Land. FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-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 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: 		DATE: <b>2/10/08</b>		Daytime Phone #: <b>954 830 5517</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					