

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90088 012 ***155.00

DOCUMENT # 386078

1. Entity Name
1261 S.W. 5TH STREET CORPORATION



Principal Place of Business

1541 S.W. 4TH ST.
APT. #4
MIAMI, FL 33135

Mailing Address

1541 S.W. 4TH ST.
APT. #4
MIAMI, FL 33135

DO NOT WRITE IN THIS SPACE



01062007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1361569

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEAL, EVIDIO
1541 S.W. 4TH STREET
APT. #4
MIAMI, FL 33135

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FERNANDEZ, FRANCISCO GUANA 846 HYDE PARK PUERTO RICO,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT LEAL, EVIDIO 1541 SW 4TH ST MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FERNANDEZ, RAQUEL M. GUANA 846 HYDE PARK PUERTO RICO,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T EVIDIO LEAL 1541 S.W. 4TH ST. MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Evidio Leal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 6/2007 (305) 649-9078

Date

Daytime Phone #