


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 17, 2008 08:00 AM
Secretary of State**

DOCUMENT # 386078 1. Entity Name 1261 S.W. 5TH STREET CORPORATION	
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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
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01122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1361569	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 LEAL, EVIDIO 1541 S.W. 4TH STREET APT. #4 MIAMI, FL 33135

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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 V.P. Jan 12/2008 (305)649-9078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #