


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 611127</b> 1. Entity Name 54TH STREET PROPERTIES, INC.	
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Principal Place of Business 5150 SW 75 STREET MIAMI, FL 33143 US	Mailing Address 5150 SW 75 STREET MIAMI, FL 33143 US
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**DO NOT WRITE IN THIS SPACE**

01252008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1890062	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI  
1500 MIAMI CENTER  
201 S BISCAYNE BLVD  
MIAMI, FL 33131

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEE, CARL 5150 SW 75 STREET MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEVILLE, DEBRA 5150 SW 75 STREET MIAMI, FL 00000,
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03/19/08-80031-004 150.00

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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:** DEBRA NEVILLE SEC. 3-3-08 305 662-1927

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #