

2005
2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # F03000004937

1. Entity Name

64 WEST 165TH STREET REALTY CORP.



FILED

05 OCT 26 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE

CR2E034 (4/04)

Principal Place of Business

31-06 BUELL STREET
EAST ELMHURST NY 11369

Mailing Address

31-06 BUELL STREET
EAST ELMHURST NY 11369

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-4178669

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPDIRECT AGENTS, INC.
103 N. MERIDIAN ST.
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00
DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP	<input checked="" type="checkbox"/> Delete
NAME	COOKE, WALLACE JR.	
STREET ADDRESS	1072 WOODYCREST AVE.	
CITY-ST-ZIP	BRONX NY 10452	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	COOKE, COREY	
STREET ADDRESS	5830 HAMPTON CT.	
CITY-ST-ZIP	COLLEGE PARK GA 30349	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CP.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOKE WALLACE JR.	
STREET ADDRESS	31-06 Buell Street	
CITY-ST-ZIP	East Elmhurst, NY 11369-1915	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COREY J. COOKE	
STREET ADDRESS	6100 RIVEROAK TERRACE	
CITY-ST-ZIP	COLLEGE PARK, GA 30349	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Wallace J. Cooke Jr. **WALLACE COOKE JR.** President 10/10/05 646 394 2923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #