2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000002736

WASH DEPOT XV, INC.

Apr 24, 2006 08:00 AN Secretary of State

FILED

Principal Place of Business

MALDEN, MA 02148

Mailing Address

14 SUMMER ST

14 SUMMER ST

MALDEN, MA 02148



 \Box

DO NOT WRITE IN THIS SPACE

01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 52-2099616 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLICKSTEIN, GREGG H

DO NOT WRITE

BOCA RATON, FL 33432			IN THIS SPACE			
	named entity submits this statement for the pions of registered agent.	urpose of changing its register	l ed office or r	egistered agent, or both	, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title	faction (NOTE Production	4 5 b -/ b	required when reinstating)	DATE	
	Signature, types or printed name or registered agent and tipe i	supplication, (NOTE Registers	a Agent signatun	required whon reinstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	 Election Campaign Finar Trust Fund Contribution. 	ncing 🔲	\$5.00 May Be Added to Fees	U00000528683 05/05/06-80048-001 150.00	
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, GREGORY S 14 SUMMER ST STE 302 MALDEN, MA 02148					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME						

DO NOT WRITE IN THIS SPACE

			<u> </u>	
1:	0:	the co	certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the info i 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 of poration or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or E , or on an attachment with an address, with all other like empowered.	e diractar

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIBECTOR

Gregory S Anderson 1/9/06