

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G00706

FILED
May 01, 2007
Secretary of State

Entity Name: 167TH STREET CORPORATION

Current Principal Place of Business:

14 NE 167 ST.
% ROGER J. SCHINDLER, ESQ.
MIAMI, FL 33162

New Principal Place of Business:

Current Mailing Address:

14 NE 167 ST.
% ROGER J. SCHINDLER, ESQ.
MIAMI, FL 33162

New Mailing Address:

FEI Number: 59-2217250 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILPOT, DON
5231 HAWKES BLUFF AVE
DAVIE, FL 33162 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BARNETT, CAROL
Address: 14 NE 167 STREET
City-St-Zip: NORTH MIAMI, FL

Title: V () Delete
Name: PHILPOT, DON
Address: 5231 HAWKES BLUFF
City-St-Zip: DAVIE, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL BARNETT

P

05/01/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date