

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H85082

1. Entity Name
615 - 5TH STREET, CORP.



Principal Place of Business

615 5TH ST
MIAMI BEACH, FL 33139 US

Mailing Address
3191 CORAL WAY
SUITE #1008
MIAMI, FL 33145 US

DO NOT WRITE IN THIS SPACE

01232008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2622733	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

STONE, DAVID E
3191 CORAL WAY #1008
MIAMI, FL 33145

**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

Signature, typed or printed name of registered agent and title if applicable.

(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.

\$5.00 May Be
Added to Fees

U000000940236
05/28/08-80058-017 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STONE, DAVID ESQ
STREET ADDRESS 3191 CORAL WAY #1008
CITY-ST-ZIP MIAMI, FL 33145

TITLE D
NAME LICHTENSTEIN, RACHEL
STREET ADDRESS 3191 CORAL WAY #1008
CITY-ST-ZIP MIAMI, FL 33145

TITLE VPDS
NAME STONE, DANIEL E
STREET ADDRESS 3191 CORAL WAY SUITE 1008
CITY-ST-ZIP MIAMI, FL 33145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/08 305-478-7787

Date

Daytime Phone #