

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90011 011 ***150.00



DOCUMENT # J02304 -
 1. Entity Name
N.W. 8TH STREET CORP.

Principal Place of Business
7353 NW 8 STREET
MIAMI FL 33126

Mailing Address
1804 RIVER ROAD
JACKSONVILLE FL 32207



2. Principal Place of Business - No P.O. Box #
1804 River Road

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
Jacksonville Florida

City & State
 Suite, Apt. #, etc.

Zip
32207

Country
Duval

4. FEI Number **59-2647765**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GLADYS, SACERIO
1804 RIVER ROAD
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent
 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 *Gladys Sacerio* DATE *January 22/07*

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P	NAME SACERIO, GLADYS N	STREET ADDRESS 1804 RIVER ROAD	CITY-STATE-ZIP JACKSONVILLE FL 32207	<input type="checkbox"/> Delete
TITLE VTD	NAME FERNANDEZ, MANUEL	STREET ADDRESS 15813 SOUTHWEST 62 STREET	CITY-STATE-ZIP MIAMI FL 33193	<input type="checkbox"/> Delete
TITLE S	NAME SACERIO, UEEHNY	STREET ADDRESS 1804 RIVER RD	CITY-STATE-ZIP JACKSONVILLE FL 32207	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	NAME SACERIO, HENRY J.	STREET ADDRESS 1804 RIVER ROAD	CITY-STATE-ZIP JACKSONVILLE-FLA. 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 lines empowered.

SIGNATURE: *Gladys Sacerio* DATE: *January 22-2007*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904
346-0181
Daytime Phone #