2006 FOR PROFIT CORPORATION . . . ANNUAL REPORT

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DOCU 1. Entity Nam 189TH S					Apr 07, 2006 08:00 AM Secretary of State			
2655 NE 18	ne of Business 19 STR CH, FL 33180 US	Mailing Address 2655 NE 189 STR NO MIAMI BCH, FL 3318	o us		F (
E	OO NOT WRI	PACE	03032006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 59-2840219 Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required					
!	6. Name and Address of Cu	ment Registered Agent						
2655 N.E.	AN, MARTIN B. 189 STREET HAMI BEACH, FL 33180	 -		_	NOT W THIS SF			
	e named entity submits this statem tlons of registered agent.	ent for the purpose of changing its re-	gistered office or registe	ered agent, or bo	th, in the State of Flo	orlda. I am familiar v	vith, and accept	
SIGNATURE.	Signature, typed or printed name of registerso	d agent and title it applicable. (NOTE: Ri	egistered Agent signature require	ed when reinstating)	-	DATE		
FIL After M	E NOW!!! FEE IS \$150.0! ay 1, 2006 Fee wi!! be \$5	9. Election Campaign	Financing _ \$	5.00 May Be Ided to Fees				
10.	OFFICERS	AND DIRECTORS			<u> </u>			
TITLE NAME STREET ADDRESS CHTY-ST-ZIP	DVS FINKEL, NATHAN 2855 N.E. 189TH ST. N. MIAMI BCH, FL				l West with a			
TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE	DP FREEDMAN, MARTIN B. 2655 N.E. 189TH ST. N. MIAMI BCH, FL				00000 04/21/06	0495669 -80020 - 806	150.00	
NAME STREET ADDRESS CITY-ST-ZIP					NOT W			
TITLE NAME STREET ADDRESS CTTY-ST-ZP				IN .	THIS SF	PACE		
TITLE NAME STREET ADDRESS CHY-ST-ZIP								
TITLE	{		- I					

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 cath; 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:

NAME STREET ADDRESS CITY-5T-ZIP

ATURE AND TYPED OF PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

4/5/06

FILED

305-931-545,