
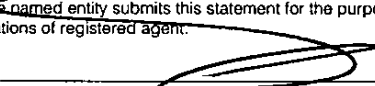
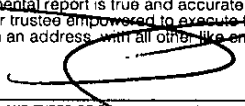


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90219 004 \*\*\*150.00

<b>DOCUMENT # L10173</b> 1. Entity Name 421 WASHINGTON AVENUE, INC.					
Principal Place of Business 523 MICHIGAN AVE MIAMI BEACH, FL 33139-6602			Mailing Address 523 MICHIGAN AVE MIAMI BEACH, FL 33139-6602		
2. Principal Place of Business 230 5th Street Suite, Apt. #, etc.			3. Mailing Address 230 5th Street Suite, Apt. #, etc.		
City & State Miami Beach, FL		City & State Miami Beach, FL		4. FEI Number 65-0145117	
Zip 33139		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  ROBINS, SCOTT 523 MICHIGAN AV MIAMI, FL 33139				7. Name and Address of New Registered Agent Name: Robins, Scott Street Address (P.O. Box Number is Not Acceptable): 230 5th Street City: Miami Beach FL Zip Code: 33139	
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:  DATE: 2/21/05					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBINS, SCOTT 523 MICHIGAN AV MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Robins, Scott 230 5th Street Miami Beach, FL 33139
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature is 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: 			230 FIFTH STREET MIAMI BEACH, FL 33139		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 2/21/05 Daytime Phone: 305-674-0200		

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02212005 Chg-P CR2E034 (10/03)