

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90210 041 ***158.75

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DOCUMENT # M23582					
1. Entity Name THE 221, INC.					
Principal Place of Business 221 COLLINS AVE SUITE 15 MIAMI BEACH, FL 33139 US			Mailing Address 221 COLLINS AVE SUITE 15 MIAMI BEACH, FL 33139 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc. SUITE 9			Suite, Apt. #, etc. SUITE 9		
City & State			City & State		
Zip		Country		4. FEI Number 59-2607371	
				Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				03232005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent FREVELETTI, CAROLYN 221 COLLINS AVE. #15 MIAMI BEACH, FL 33139			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: <i>Carolyn Freveletti</i> CAROLYN FREVELETTI 4/25/05 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREVELETTI, CAROLYN 221 COLLINS AVE. #15 MIAMI BEACH, FL 33139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 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: <i>Carolyn Freveletti</i> CAROLYN FREVELETTI 305-672-6031 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 4/25/05					