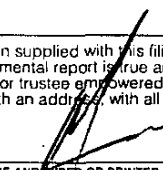


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90026 047 \*\*\*158.75

<b>DOCUMENT # M34586</b> 1. Entity Name <b>PARK 1200, INC.</b>					
Principal Place of Business <b>103 GREENE ST. NEW YORK, NY 10012</b>			Mailing Address <b>103 GREENE ST. NEW YORK, NY 10012</b>		
2. Principal Place of Business <b>804 Ocean Drive</b>		3. Mailing Address <b>804 Ocean Drive</b>			
Suite, Apt. #, etc. <b>2nd Floor</b>		Suite, Apt. #, etc. <b>2nd Floor</b>			
City & State <b>Miami Beach, Florida</b>		City & State <b>Miami Beach, Florida</b>			
Zip <b>33139</b>	Country <b>Miami-Dade</b>	Zip <b>33139</b>	Country <b>Miami-Dade</b>	4. FEI Number <b>59-2707552</b>	
5. Certificate of Status Desired <b>XX</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>COURTNEY, MARLO</b> <del>804 Ocean Drive</del> <b>804 Ocean Drive - 2nd Floor</b> <b>MIAMI BCH, FL 33139</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>    Zip Code         </div>	
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:  <span style="float: right;">3-10-05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<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	PT GOLDMAN, ANTHONY 103 GREENE ST. NEW YORK, NY		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GOLDMAN, R. ANTHONY 804 Ocean Drive - 2nd Floor Miami Beach, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDMAN, ANTHONY 103 GREENE ST. NEW YORK, NY		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOLDMAN, JESSICA 103 GREENE ST NEW YORK, NY		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SREBNICK, JESSICA GOLDMAN 804 Ocean Drive - 2nd Floor Miami Beach, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
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: 			3-10-05 (305) 531-4411		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		