2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006
Secretary of State

DOCUMENT# N04000007416

Entity Name: 4TH STREET COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

750 EUCLID AVE SUITE 5
MIAMI, FL 33139

New Principal Place of Business:

Current Mailing Address:

750 EUCLID AVE SUITE 5
MIAMI, FL 33139

New Mailing Address:

PO BOX 173
MILFORD, MA 01757

FEI Number: 73-1712189 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MITCHELL, BRADFORD
750 EUCLID AVE SUITE 5
MIAMI, FL 33139 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	MILLER, AARON	
Address:	2650 LINCOLN STREET	
City-St-Zip:	HOLLYWOOD, FL 33020	
Title:	D	( ) Delete
Name:	FORD, FRED	
Address:	17092 COLLINS AVE C312	
City-St-Zip:	SUNNY ISLES BEACH, FL 33160	
Title:	D	( ) Delete
Name:	WEST, IVAN	
Address:	3800 NW 18TH STREET	
City-St-Zip:	MIAMI, FL 33055	
Title:	D	( ) Delete
Name:	MITCHELL, BRADFORD	
Address:	750 EUCLID AVE SUITE 5	
City-St-Zip:	MIAMI, FL 33139	
Title:	D	( ) Delete
Name:	AMMONS, TONY	
Address:	2001 ART MUSEUM DR	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	D	( ) Delete
Name:	ERTUR, DAVID	
Address:	581 NW 158TH AVE	
City-St-Zip:	PEMBROKE PINES, FL 33028	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRADFORD MITCHELL PRES 04/04/2006

Electronic Signature of Signing Officer or Director — Date