


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000005911 1. Entity Name FORYTFIRST STREET ASSOCIATION, INC.		
Principal Place of Business 3500 N. 55TH AVE. HOLLYWOOD, FL 33021		Mailing Address 3500 N. 55TH AVE. HOLLYWOOD, FL 33021
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SARAGOVIA, EFRAM 3500 N 55TH AVE HOLLYWOOD, FL 33021		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000279538 03/28/05-80070-017 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SARAGOVIA, EFRAM 3500 N. 55TH AVE. HOLLYWOOD, FL 33021	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD ZARAGOVIA, ANGELO 2450 KENSINGTON BLVD. DAVIE, FL 33325	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD NATIV, ILANA 2010 N.E. 210 ST. N. MIAMI BEACH, FL 33180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 617, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/25/05 954 9895199 <small>Date Daytime Phone #</small>