


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000045359 1. Entity Name 120 SW 5TH AVENUE INC.			
<table style="width: 100%;"> <tr> <td style="width: 50%;">Principal Place of Business 940 S.W. 22ND ROAD MIAMI, FL 33129</td> <td style="width: 50%;">Mailing Address 940 S.W. 22ND ROAD MIAMI, FL 33129</td> </tr> </table>			Principal Place of Business 940 S.W. 22ND ROAD MIAMI, FL 33129
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<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>			
6. Name and Address of Current Registered Agent DE GOTI, JOSE J 940 S.W. 22ND ROAD MIAMI, FL 33129		<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>	
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>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	D	<div style="margin-bottom: 10px;"> U000000394680 01/26/06-80020-018 150.00 </div> <h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>	
NAME	DE GOTI, JOSE J		
STREET ADDRESS	940 S.W. 22ND ROAD		
CITY-ST-ZIP	MIAMI, FL 33129		
TITLE	D		
NAME	PEREZ, JOE		
STREET ADDRESS	940 S.W. 22ND ROAD	<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>	
CITY-ST-ZIP	MIAMI, FL 33129		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>	
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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 exemptions contained 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 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: <u><i>Jose J. De Goti</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1-16-06</u> <small>Daytime Phone #</small>	



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1004992	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	