## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Feb 01, 2007 08:00 AM Secretary of State

Daytime Phone #

Date

	MINIONE	ICE: OIC:	,		Secretary of State
DOCUMENT # P0000045359  1. Entity Name 120 SW 5TH AVENUE INC.		559		Secretary of State	
Principal Plac	e of Business	Mailing Address			·
940 S.W. 22	ND ROAD	940 S.W. 22ND ROAD			
MIAMI, FL 3	3129	Miami, FL 33129			
					R BERNIN BERNIN KETIN BERNIN BER
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent				01062007 4. FEI Numb 65-100	
t, italie and Address of Cultern Registered Agent					****
DE GOTI,	JOSE J			DO	NOT WRITE
940 S.W. 22ND ROAD MIAMI, FL 33129					
MIAMI, PL 33129				IN "	THIS SPACE
			<u></u>		
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					
0.0	Signature, typed or printed name of registered agent and	title if applicable (NOTE Registere	ed Agent signature required	d when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				.00 May Be led to Fees	
10.	OFFICERS AND DI	RECTORS			.,,,
TITLE	D				
NAME	DE GOTI, JOSE J				U00000615378
STREET ADDRESS	940 S.W. 22ND ROAD	•			U00000615378 02/06/07-80068-016 150.00
CITY-ST-ZIP	MIAMI, FL 33129	<del> </del>	-1		
TITLE NAME	PEREZ, JOE				
STREET ADDRESS	940 S.W. 22ND ROAD				
CHY-ST-ZIP	MIAMI, FL 33129				
TITLE			1		
NAME			-		
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NAME	**************************************		1	IN	THIS SPACE
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TITLE			1		
NAME					
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CITY-ST-ZIP	<u> </u>		-		
MITLE	Service Control of the Control of th				
NAME STREET ADDRESS					
CITY-ST-ZIP					
	certily that the information supplied with th	is filing does not qualify for the ex	emplions contained	d in Chapter 11	9, Florida Statutes. I further certify that the information
indicated	on this report or supplemental report is tra	ue and accurate and that my signa ared to execute this report as requi	ture shall have the ired by Chapter 60	same legal effe 7. Florida Statut	ct as if made under cath, that I am an office or director es; and that my name appears in Block 10 or Block 11 if
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 office 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.					