

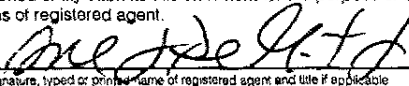
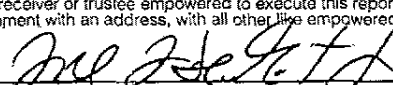


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # P00000045359</b>			
1. Entity Name 120 SW 5TH AVENUE INC.			
Principal Place of Business 940 S.W. 22ND ROAD MIAMI, FL 33129	Mailing Address 940 S.W. 22ND ROAD MIAMI, FL 33129		
<b>DO NOT WRITE IN THIS SPACE</b>			
		01062007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-1004992	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  DE GOTI, JOSE J 940 S.W. 22ND ROAD MIAMI, FL 33129		<b>DO NOT WRITE IN THIS SPACE</b>	
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 		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>  U000000615378 02/06/07-80068-016 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DE GOTI, JOSE J 940 S.W. 22ND ROAD MIAMI, FL 33129		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEREZ, JOE 940 S.W. 22ND ROAD MIAMI, FL 33129		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: 		Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			