


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P0000060626
 1. Entity Name
 1470 NE 130 ST., INC.



| | |
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| Principal Place of Business 1470 NE 130 ST. N. MIAMI, FL 33161 | Mailing Address PO BOX 402493 MIAMI BEACH, FL 33140 |
|--|---|

DO NOT WRITE IN THIS SPACE



04232008 No Chg-P CR2E034 (11/05)

| | |
|---|--------------------------------|
| 4. FEI Number 65-1019484 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

MATYAS, ATTILA
 1470 NE 130 ST
 MIAMI, FL 33161

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

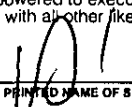
10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MATYAS, ATTILA POBOX 402493 MIAMI BEACH, FL 33140 |
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 05/16/08-80063-014 150.00

DO NOT WRITE IN THIS SPACE

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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____

Date: 4/23/08 _____ Daytime Phone # _____