## Apr 30, 2004 8:00 am Secretary of State 2004 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # P01000006888** 04-30-2004 90340 007 \*\*\*150.00 1. Entity Name NW 54TH STATION, INC. Principal Place of Business Mailing Address 14012024 12305 S DIXIE HIGHWAY 12305 S DIXIE HIGHWAY MIAMI, FL 33156 MIAMI, FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 04272004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-1073153 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REINHARD, SANFORD N Street Address (P.O. Box Number is Not Acceptable) 2875 NE 191 STREET #404 AVENTURA, FL 33180 Zip Code 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition **PST** Change TITLE Delete TITLE FONTECILLA, CARLOS NAME NAME STREET ADDRESS 12305 S DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 CITY-ST-ZIP ☐ Change Addition TITLE FONTECILLA, ISABEL ESPIN NAME NAME STREET ADDRESS 12305 S DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 CITY-ST-ZIP TITLE TITLE Change Addition Delete GUEVARA, MIGUEL NAME NAME 12305 S DIXIE HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE BEGELMAN, CAROL NAME 12305 S DIXIE HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZiP MIAMI, FL 33156 CITY-ST-ZIP Addition FT Change TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change . Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

**FILED**