

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90166 012 \*\*\*150.00

**DOCUMENT # P01000006901**  
 1. Entity Name  
 NW 27TH STATION, INC.



Principal Place of Business: 12305 S DIXIE HIGHWAY, MIAMI, FL 33156  
 Mailing Address: 12305 S DIXIE HIGHWAY, MIAMI, FL 33156

**50047439**



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

04262005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number: 65-1073146  
 Applied For: Not Applicable

Zip: Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 REINHARD, SANFORD N  
 2875 NE 191 STREET #404  
 AVENTURA, FL 33180

7. Name and Address of New Registered Agent  
 Name: **LENARD GORMAN**  
 Street Address (P.O. Box Number is Not Acceptable):  
**1320 S. DIXIE HWY., PH 1275**  
 City: **CORAL GABLES** FL Zip Code: **33146**

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: *[Signature]* DATE: **4/26/05**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> Delete
NAME	FONTECILLA, CARLOS	
STREET ADDRESS	12305 S DIXIE HIGHWAY	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	V	<input type="checkbox"/> Delete
NAME	BEGELMAN, CAROL	
STREET ADDRESS	12305 S. DIXIE HWY.	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *[Signature]* DATE: **4/26/05** Daytime Phone #