## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P01000011464

1. Entity Name

THIRTY FOURTH STREET INVESTMENTS, INC.



FILED Feb 16, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

4905 34 ST S,#475 ST PETERSBURG, FL 33711 4905 34 ST S,#475 ST PETERSBURG, FL 33711



CR2E034 (11/05)

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

	¢0.76	
59-3695726	Not Applicat	ole
4. FEI Number	Applied For	
		_

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

No Chg-P

01232007

GLEIM, HOLGER D ESQ 150 2 AVE N, STE 1100 ST PETERSBURG, FL 33701

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registers	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	il applicable (NOTE Registerer	d Apent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		• •	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, WAYNE T 4905 34 ST S,#475 ST PETERSBURG, FL 33711				U00000638299 02/27/07-80024-022 150.00
IIILE NAME STREET ADDRESS CITY-ST-ZIP					UZ/ZI/UI-8UUZ4-UZZ 15U.UU
TITLE NAME STREET ADDRESS CITY-S1-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
THILE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. Thereby o	pertify that the information supplied with this fi	iling does not qualify for the exe	mptions cor	tained in Chapter 11	9. Florida Statutes. I further certify that the information

12. Thereby 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 a partiess, with all other like empowered.

SIGNATURE:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/07 818-974-0023

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