

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000031070

1. Entity Name
16485 MIAMI BEACH, INC.



Principal Place of Business

399 NW BOCA RATON BLVD
BOCA RATON, FL 33432

Mailing Address

399 NW BOCA RATON BLVD
BOCA RATON, FL 33432

FILED
Feb 15, 2008 08:00 AM
Secretary of State



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1092006

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEOPOLD, KORN & KEOPOLD, P.A.
20801 BISCAYNE BLVD SUITE 501
AVENTURA, FL 33180

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(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

U000000828870
02/26/08-80018-016 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME MEDERER, VICTORIA
STREET ADDRESS 16485 COLLINS AVE., #531
CITY-ST-ZIP SUNNY ISLES, FL 33160

TITLE T
NAME WITTIG, CHRISTOPHER
STREET ADDRESS 399 NW BOCA RATON BLVD
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 life empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/08

Date

561 392 7929

Daytime Phone #