

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90047 038 \*\*\*158.75

DOCUMENT # P01000033473

1. Entity Name  
33139, INC.



Principal Place of Business

~~4610 LENOX AVE~~  
~~506~~  
MIAMI BEACH, FL 33139

Mailing Address

~~4610 LENOX AVE~~  
~~506~~  
MIAMI BEACH, FL ~~33139~~ 33239

2. Principal Place of Business - No P.O. Box #

701 4th ST  
Suite, Apt. #, etc. 200

3. Mailing Address

PO BOX 398066  
Suite, Apt. #, etc.

City & State  
Miami Beach FLA

Zip 33139 Country USA

City & State  
Miami Beach FLA

Zip 33239 Country USA

4. FEI Number  
65-1124458

Applied For  
Not Applicable

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



04302007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

SILVERTHORNE, ANDREA  
~~1610 LENOX AVE~~  
~~506~~  
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent  
Name ANDREA SILVERTHORNE  
Street Address (P.O. Box Numbers Not Acceptable)  
701 4th Street  
200  
MIAMI BEACH FL Zip Code 33139

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 ANDREA SILVERTHORNE DATE 4/30/07  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SILVERTHORNE, ANDREA <del>4610 LENOX AVE</del> MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: ANDREA SILVERTHORNE Date 4-30-07 305372-4055  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR