

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000123846**

1. Entity Name  
109TH STREET, INC.



Principal Place of Business

6500 COWPEN ROAD  
301  
MIAMI LAKES, FL 33014

Mailing Address

6500 COWPEN ROAD  
301  
MIAMI LAKES, FL 33014



01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
01-0754644

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

KEIL, DANIEL M P.A.  
6500 COWPEN ROAD  
SUITE 301  
MIAMI LAKES, FL 33014

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME TOLEDO, EVELIO  
STREET ADDRESS 6500 COWPEN ROAD, SUITE 305  
CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE VD  
NAME GONZALEZ, ALBERT O  
STREET ADDRESS 6500 COWPEN ROAD, SUITE 302  
CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE STD  
NAME KEIL, DANIEL M  
STREET ADDRESS 6500 COWPEN ROAD, SUITE 301  
CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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03/13/07-80027-016 150.00

**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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/07

Date

305 821-5600

Daytime Phone #