## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P02000123846

Entity Name
 109TH STREET, INC.



Principal Place of Business

6500 COWPEN ROAD

301

MIAMI LAKES, FL 33014

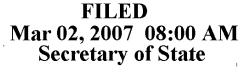
Mailing Address

6500 COWPEN ROAD

301

DO NOT WRITE IN THIS SPACE

MIAMI LAKES, FL 33014





01032007

No Chg-P

CR2E034 (11/05)

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

WIAWI LA	123,12 33014				
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 bitle it applicable (NOTE Registered Agent signature required when rens(ating) DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECT		CTORS			·
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD TOLEDO, EVELIO 6500 COWPEN ROAD, SUITE 305 MIAMI LAKES, FL 33014 VD GONZALEZ, ALBERT O 6500 COWPEN ROAD, SUITE 302	10.7			, 000000653587 03/13/07-80027-016 150.00
CITY-ST-ZIP	MIAMI LAKES, FL 33014				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KEIL, DANIEL M 6500 COWPEN ROAD, SUITE 301 MIAMI LAKES, FL 33014			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE

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 an address, with all other like suppowered.

**SIGNATURE:** 

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/07

305 821-5600

Daytime Phone i