

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000123846

Entity Name: 109TH STREET, INC.

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

6500 COWPEN ROAD
301
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

6500 COWPEN ROAD
301
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 01-0754644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TOLEDO, EVELIO
Address: 6500 COWPEN ROAD, SUITE 305
City-St-Zip: MIAMI LAKES, FL 33014

Title: VD () Delete
Name: GONZALEZ, ALBERT O
Address: 6500 COWPEN ROAD, SUITE 302
City-St-Zip: MIAMI LAKES, FL 33014

Title: STD () Delete
Name: KEIL, DANIEL M
Address: 6500 COWPEN ROAD, SUITE 301
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TOLEDO, EVELIO
Address: 15321 NW 60 AVE, SUITE 100
City-St-Zip: MIAMI LAKES, FL 33014

Title: VD (X) Change () Addition
Name: GONZALEZ, ALBERT O
Address: 16400 NW 59 AVE
City-St-Zip: MIAMI LAKES, FL 33016

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVELIO TOLEDO

PD

01/14/2009

Electronic Signature of Signing Officer or Director

Date