2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000133777

1. Entity Name

138 ST. COMMERCIAL PARK INC



Principal Place of Business

Mailing Address

8514 NW 165 TERRACE MIAMI, FL 33016 8514 NW 165 TERRACE MIAMI, FL 33016

FILED Feb 13, 2006 8:00 am Secretary of State

02-13-2006 90033 022 ***150.00



DO NOT WRITE IN THIS SPACE

02102006

No Chg-P

CR2E034 (11/05)

4. FEI Number 51-0438921

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6, Name and Address of Current Registered Agent

FERRER, JOSE C 8514 NW 165 TERRACE MIAMI, FL 33016

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the prions of registered agent.	urpose of changing its registe	ered office or reg	istered agent, or both, in th	ne State of Florida, I am fam	itiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title #	applicable. (NOTE: Registe	red Agent signature re	quired when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS	series ris fra			001900100000100 8 Page 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERRER, JOSE 8514 NW 165 TERRACE MIAMI, FL 33016					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERLO, MARCELO 8055 W 23RD AVE #2 HIALEAH, FL 33016					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUIZENGA, PAUL 2285 W 80 ST. #1 HIALEAH, FL 33016			DO N	OT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				NTH	IS SPACE	
TITLE NAME STREET ADDRESS CITY+ST-ZIP		-				
TITLE NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filling does not availity for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information indicated on this report or supplimental report is true and accounte and that my signature shell have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to effect the true and account 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 applicable, with all other like empowered.

SIGNATURE

CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2-10-06

345-827-422

Daytime Phone i