2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State

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DOCUMENT # P03000032541

1. Entity Name
4TH ST. GROUP, INC.

Principal Place of Business	Mailing Address
3238 W TRADE AVE #8 MIAMI, FL 33133	3238 W TRADE AVE #8 MIAMI, FL 33133

2. Principal Place of Business	3. Mailing Address 761 JERONIMO DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State CORAL GABLES, FL
Zip / Country	Zip 33146 / County MIAMI DADE

4. FEI Number 87-0690799 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROBAU, RAOUL
3238 W TRADE AVE #8
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 RAOUL ROBAU [signature] 3/16/04

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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBAU, RAOUL 761 JERONIMO DR CORAL GABLES, FL 33146	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROBAU, GRACIELLA 761 JERONIMO DR CORAL GABLES, FL 33146	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILANES, CAROLINA 2451 BRICKELL AVE, 3S MIAMI, FL 33129	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 address, with all other like empowered.

SIGNATURE: [signature] RAOUL ROBAU 3/16/04 (305)446-2550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

attachment

~~6604100164~~
#P03000032541

Form **SS-4**

(Rev. December 2001)

Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN 87-0690799

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested: 4TH ST. GROUP, INC

2 Trade name of business (if different from name on line 1):

3 Executor, trustee, "care of" name: C/O RAOUL ROBAU

4a Mailing address (room, apt., suite no. and street, or P.O. box): 761 JERONIMO DR

5a Street address (if different) (Do not enter a P.O. box.): 3239 W. TRADE #8

4b City, state, and ZIP code: CORAL GABLES, FL. 33146

5b City, state, and ZIP code: MIAMI, FL. 33133

6 County and state where principal business is located: DADE COUNTY, FL.

7a Name of principal officer, general partner, grantor, owner, or trustor: RAOUL ROBAU, PRES. & REG. AG

7b SSN, ITIN, or EIN:

8a Type of entity (check only one box)

- ☐ Sole proprietor (SSN) ______
- ☐ Partnership
- ☒ Corporation (enter form number to be filed) ▶ S CORPORATION
- ☐ Personal service corp.
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶ ______
- ☐ Other (specify) ▶
- ☐ Estate (SSN of decedent) ______
- ☐ Plan administrator (SSN) ______
- ☐ Trust (SSN of grantor) ______
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ REMIC
- ☐ State/local government
- ☐ Federal government/military
- ☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶ ______

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: FLORIDA — Foreign country: N/A

9 Reason for applying (check only one box)

- ☒ Started new business (specify type) ▶ RENTAL APT. BUILDING
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☐ Banking purpose (specify purpose) ▶ ______
- ☐ Changed type of organization (specify new type) ▶ ______
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶ ______
- ☐ Created a pension plan (specify type) ▶ ______

10 Date business started or acquired (month, day, year): MARCH 20th, 2003

11 Closing month of accounting year: DEC.

12 First date wages or annuities were paid or will be paid (month, day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* . . . . . ▶

13 Highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter "-0-."* ▶

Agricultural	Household	Other
-0-	-0-	-0-

14 Check one box that best describes the principal activity of your business.

- ☐ Construction
- ☒ Rental & leasing
- ☐ Transportation & warehousing
- ☐ Real estate
- ☐ Manufacturing
- ☐ Finance & insurance
- ☐ Health care & social assistance
- ☐ Accommodation & food service
- ☐ Other (specify)
- ☐ Wholesale-agent/broker
- ☐ Wholesale-other
- ☐ Retail

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
RENTAL APARTMENTS

16a Has the applicant ever applied for an employer identification number for this or any other business? . . . . ☐ Yes ☒ No
Note: *If "Yes," please complete lines 16b and 16c.*

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name — Designee's telephone number (include area code) ( )

Address and ZIP code — Designee's fax number (include area code) ( )

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ RAOUL ROBAU PRES. & REGISTERED AGENT

Applicant's telephone number (include area code) (305) 446-2550

Signature ▶ Date ▶ 3·31·03

Applicant's fax number (include area code) (305) 667-0991