

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000036775

FILED  
Jan 30, 2006  
Secretary of State

Entity Name: 1101 CORP.

**Current Principal Place of Business:**

1101 N.W. 42 AVE  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

1101 N.W. 42 AVE  
MIAMI, FL 33126

**New Mailing Address:**

FEI Number: 86-1056542      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RON, WILLIAM  
1101 N.W. 42 AVE  
MIAMI, FL 33126      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: DP      ( ) Delete  
Name: RON, WILLIAM  
Address: 1101 NW 42ND AVENUE  
City-St-Zip: MIAMI, FL 33126

Title: DST      ( ) Delete  
Name: RON, ALICIA  
Address: 1101 NW 42ND AVENUE  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM RON

DP

01/30/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date