2007 FOR PROFIT CORPORATION

Apr 27, 2007 08:00 All Secretary of State **ANNUAL REPORT** DOCUMENT # P03000071143 1. Entity Name 190 SW 5 CT., INC. Principal Place of Business Mailing Address 190 SW 5 CT PO BOX 402493 POMPANO BEACH, FL 33060 MIAMI BEACH, FL 33140 No Chg-P 04262007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 75-3123176 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MATYAS, ATTILA DO NOT WRITE 190 SE 5 CT POMPANO BEACH, FL 33060 IN THIS SPACE 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME MATYAS, ATTILA STREET ADDRESS P.O. BOX 402 493 MIAMI BEACH, FL 33140 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 empowered.

SIGNATURE: _

STREET ADDRESS

STREET ADDRESS CITY-ST-7IP

CITY-ST-ZIP

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

U00000739359

05/14/07-80023-017 150.00

FILED