

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 JUN -9 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000046277

1. Entity Name
FLAGLER & 27TH PROPERTY, INC.



Principal Place of Business
2700 W. FLAGLER ST
MIAMI, FL 33135

Mailing Address
3191 CORAL WAY SUITE #1008
MIAMI, FL 33145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05222006

Chg-P

CR2E034 (11/05)

4. FEI Number
01-0809741

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOSTCHIN, GUILLERMO
3191 CORAL WAY #1008
MIAMI, FL 33145

Name David Stone, Esq.

Street Address (P.O. Box Number is Not Acceptable)
3191 Coral Way, #1008

City Miami

FL Zip Code 33145

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

Amended AR is \$61.25

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 D
NAME SOSTCHIN, GUILLERMO
STREET ADDRESS 3191 CORAL WAY #1008
CITY-ST-ZIP MIAMI, FL 33145 ☒ Delete

TITLE President
NAME David Stone, Esq.
STREET ADDRESS 3191 Coral Way # 1008
CITY-ST-ZIP Miami, FL 33145 ☒ Change ☐ Addition

TITLE D
NAME STOHE, DAVID E
STREET ADDRESS 3191 CORAL WAY 1008
CITY-ST-ZIP MIAMI, FL 33145 ☒ Delete

TITLE Treasurer & Secretary
NAME Henrietta Sostchin
STREET ADDRESS 3191 Coral Way, Suite 1008
CITY-ST-ZIP Miami, FL 33145 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/06/06 305-725-5282

Date

Daytime Phone #

DAVID E STONE