

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**



**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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State

City & State

4. FEI Number **01-0809741**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**STONE, DAVID ESQ  
3191 CORAL WAY, #1008  
MIAMI FL 33145**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when registering)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State**

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 **P**  Delete  
NAME **STONE, DAVID ESQ**  
STREET ADDRESS **3191 CORAL WAY #1008**  
CITY-ST-ZIP **MIAMI FL 33145**

Change  Addition  
**U00000633594**  
**02/21/07-80068-008 150.00**

TITLE **TS**  Delete  
NAME **SOSTCHIN, HENRIETTA**  
STREET ADDRESS **3191 CORAL WAY #1008**  
CITY-ST-ZIP **MIAMI FL 33145**

Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  Delete  
NAME  
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 Section 199, 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 an other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2/12/07* (305) 476-7767