2007 FOR PROFIT CORPORATION FILED ANNUAL REPORT Mar 07, 2007 08:00 AM DOCUMENT # P04000141850 **Secretary of State** 1. Entity Name 1021, INC. Principal Place of Business Mailing Address 13611 DEERLING BAY DR. 13611 DEERLING BAY DR. 802 802 CORAL GABLES, FL 33158 CORAL GABLES, FL 33158 CR2E034 (11/05) 03042007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number 20-1744752 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent URCIUOLI, GERALDINE DO NOT WRITE 13611 DEERLING BAY DR. IN THIS SPACE CORAL GABLES, FL 33158 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating)

FILE	NOWIII FI	EE IS \$150	0.00
After May	1, 2007 F	ee will be	\$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

U000000658315 03/15/07-80033-018 150.00

Applied For

Not Applicable

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANEL, MANUEL 13611 DEERLING BAY DR. # 802 CORAL GABLES, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP URCIUOLI, GERALDINE 13611 DEERLING BAY DR. #108 CORAL GABLES, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	

DO NOT WRITE IN THIS SPACE

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.

SI	G	M:	Δ'	TI	1	D		•
91	v		_		•		_	

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Teb. 28, 2007