

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90079 050 ***150.00

DOCUMENT # P04000154486

1. Entity Name
151ST STREET CORP.



Principal Place of Business Mailing Address
~~3330 NW 25TH STREET~~ 555 NE 185 St ~~1939 NW 25TH STREET~~ 555 NE 185 ST
~~MIAMI, FL 33142~~ Suite 201 ~~MIAMI, FL 33142~~ Suite, 201
Miami, FL. 33179 Miami, FL.



04242007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3791854 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GIVNER, JACOB J
~~1077 KANE CONCOURSE~~ 2999 NE 191 Street
~~SUITE 232~~ Suite 700
~~BAY HARBOR, FL 33154~~ Aventura, FL. 33180

**DO NOT WRITE
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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME KLEPACH, BERNARD
STREET ADDRESS 555 NE 185 ST St.
CITY-ST-ZIP MIAMI, FL 33179

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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 of assets 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

Date

Daytime Phone #