


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

1. **Feb 15, 2006 8:00 am**
Secretary of State

01-19-2006 90065 016 ***150.00

DOCUMENT # P05000034377		
1. Entity Name 2150 N. GODDLETTE ROAD, INC.		

Principal Place of Business 2900 SW 28TH TERR 5TH FLOOR MIAMI, FL 33133	Mailing Address 2900 SW 28TH TERR 5TH FLOOR MIAMI, FL 33133
---	---

bb001433



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01062008 Chg-P CR2E034 (11/05)

4. FEI Number 20-2576669	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHRISTIN, NICHOLAS E 2900 SW 28TH TERR 5TH FLOOR MIAMI, FL 33133		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHRISTIN, NICHOLAS E 2900 SW 28TH TERR 5TH FLOOR MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ 1/6/06 305-4483935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

66001433

LAW OFFICES

P05000034377

**WICKER, SMITH, O'HARA
McCoy, GRAHAM & FORD, P.A.**

GROVE PLAZA BUILDING, 5TH FLOOR
2900 MIDDLE STREET (S.W. 28TH TERRACE)

MIAMI, FLORIDA 33133

(305) 448-3939

FAX (305) 441-1745

WWW.WICKERSMITH.COM

FORT LAUDERDALE

(954) 847-4800

WEST PALM BEACH

(561) 689-3800

ORLANDO

(407) 843-3939

TAMPA

(813) 222-3939

NAPLES

(239) 430-1120

JACKSONVILLE

(904) 355-0225

February 13, 2006

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: 2150 N. Goodlette Road, Inc.
Our File No.: 55568-2

Dear Sir or Madam:

In furtherance of your letter of January 25, 2006 (copy enclosed), I return herewith the 2006 For Profit Corporation Annual Report which now contains the Federal Employer Identification Number.

If you have any questions, please call me. Thank you for your attention to this matter.

Very truly yours,



Nicholas E. Christin

NEC/kfp
Enclosure

ATTACHMENT



66601433

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2006

2150 N. GODDLETTE ROAD, INC.
2900 SW 28TH TERR 5TH FLOOR
MIAMI, FL 33133

Subject: 2150 N. GODDLETTE ROAD, INC.

Reference Number:

P05000034377

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION