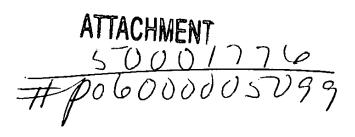
## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Sep 13, 2007 8:00 am Secretary of State **DOCUMENT # P06000005099** 09-13-2007 90001 025 \*\*\*150.00 1. Entity Name PROSPERITY 57, INC. Principal Place of Business Mailing Address 16565 NORTH EAST 26TH AVENUE 16565 NORTH EAST 26TH AVENUE SUITE 5-E SUITE 5-E 50001776 NORTH MIAMI, FL 33160 NORTH MIAMI, FL 33160 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 61 SE 3rd Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. 08292007 Chg-P CR2E034 (12/06) City & State Hallandale City & State 4. FEI Number Applied For BEACH HALLAMDALE 20-4104265 Not Applicable Country USA Country \$8.75 Additional Zip 5. Certificate of Status Desired 3*3* 00 9 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OLSTEIN YETER. **OLSTEIN, PETER** Street Address (P.O. Box Number is Not Acceptable) 16565 NORTH EAST 26TH AVENUE SUITE 5-E NORTH MIAMI, FL 33160 3rd Avenue 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. (NOTE: Registered Agent signature required when reinstating) sed or printed name of registered agent and little if applicable 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete ☐ Change ☐ Addition TITLE TITLE **OLSTEIN, PETER** NAME NAME STREET ADDRESS 16565 N.E. 26 AVENUE, SUITE 5-E STREET ADDRESS CITY-ST-ZIP NORTH MIAMI, FL 33160 CITY-ST-ZIP TITLE ☐ Delete Change Addition **OLSTEIN, PETER** NAME NAME STREET ADDRESS 16565 N.E. 26 AVENUE, SUITE 5-E STREET ADDRESS NORTH MIAMI, FL 33160 CITY-ST-ZIP CITY-ST-7IP TITLE Delete ☐ Channe TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 7:TLF ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

ED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 



## Division of Corporations:

I am writing this letter on behalf of Prosperity 57 Inc requesting that any penalties be waived as I have relocated to a new address and have just received the notice that the corporation has to have the \$150 fee by September 14, 2007.

Thank you for your understanding.

Sincerely,

Peter Olstein

President

Prosperity 57, Inc