2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State
01-23-2007 90039 049 ***150.00

DOCUMENT # P06000107893

1. Entity Name
2711 MIDTOWN DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
292 NW 54 STREET MIAMI FL 33127	292 NW 54 STREET MIAMI FL 33127

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip _ _ _ Country	Zip Country

4. FEI Number 20-8421862 ☐ Applied For ☐ Not Applicable

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
ANGULO, ANA MARIA 5975 SUNSET DRIVE SUITE 503 SOUTH MIAMI FL 33143	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's signature required when reinstated)

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 NAME STREET ADDRESS CITY-ST-ZIP	D DIRAIMONDI, LOUIE 292 NW 54 STREET MIAMI FL 33127	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ Delete	TITLE 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 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: Louie A Amandi 1/19/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 660201535
#P06000107893

Form **SS-4**
(Rev. February 2006)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

EIN 20-5421812

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
2711 MIDTOWN DEVELOPMENT CORP.

2 Trade name of business (if different from name on line 1)

3 Executor, administrator, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)
292 NW 54 STREET

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code
MIAMI, FL 33127

5b City, state, and ZIP code

6 County and state where principal business is located
DADE COUNTY, FLORIDA

7a Name of principal officer, general partner, grantor, owner, or trustor
LOUIS DIRAIMONDO

7b SSN, ITIN, or EIN
107-42-2668

8a Type of entity (check only one box)

- [ ] Sole proprietor (SSN) _____
- [ ] Partnership
- [X] Corporation (enter form number to be filed) ▶ 1120
- [ ] Personal service corporation
- [ ] Church or church-controlled organization
- [ ] Other nonprofit organization (specify) ▶ _____
- [ ] Other (specify) ▶
- [ ] Estate (SSN of decedent) _____
- [ ] Plan administrator (SSN) _____
- [ ] Trust (SSN of grantor) _____
- [ ] National Guard [ ] State/local government
- [ ] Farmers' cooperative [ ] Federal government/military
- [ ] REMIC [ ] Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶ _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: FLORIDA — Foreign country:

9 Reason for applying (check only one box)

- [X] Started new business (specify type) ▶ _____
- [ ] Hired employees (Check the box and see line 12.)
- [ ] Compliance with IRS withholding regulations
- [ ] Other (specify) ▶
- [ ] Banking purpose (specify purpose) ▶ _____
- [ ] Changed type of organization (specify new type) ▶ _____
- [ ] Purchased going business
- [ ] Created a trust (specify type) ▶ _____
- [ ] Created a pension plan (specify type) ▶ _____

10 Date business started or acquired (month, day, year). See instructions.
8/17/2006

11 Closing month of accounting year
DECEMBER

12 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶

13 Highest number of employees expected in the next 12 months (enter -0- if none).	Agricultural	Household	Other
	0	0	0

Do you expect to have $1,000 or less in employment tax liability for the calendar year? [ ] Yes [ ] No. (If you expect to pay $4,000 or less in wages, you can mark yes.)

14 Check one box that best describes the principal activity of your business.

- [ ] Construction [ ] Rental & leasing [ ] Transportation & warehousing [ ] Health care & social assistance [ ] Accommodation & food service [ ] Wholesale-agent/broker [ ] Wholesale-other [ ] Retail
- [ ] Real estate [ ] Manufacturing [ ] Finance & insurance [X] Other (specify) HOLDING COMPANY

15 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
REAL ESTATE

16a Has the applicant ever applied for an employer identification number for this or any other business? [ ] Yes [X] No
Note. If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ N/A Trade name ▶ N/A

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name	Designee's telephone number (include area code)
DAVID L. WRUBEL, CPA	(305) 672-4272
Address and ZIP code	Designee's fax number (include area code)
560 LINCOLN RD. #304, MIAMI BEACH, FL 33139	(305) 672-2392

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ LOUIS DIRAIMONDO, PRESIDENT

Applicant's telephone number (include area code) (305) 864-8669

Signature ▶ [X] Date ▶ 2/14/07

Applicant's fax number (include area code) (305) 751-4521

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Form SS-4 (Rev. 2-2006)

(HTA)