2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P93000003543

1. Entity Name

THIRD STREET HOLDINGS, INC.



Principal Place of Business

25 SE 2ND AVENUE

SUITE 750

MIAMI, FL 33131

Mailing Address

25 SE 2ND AVENUE SUITE 750

MIAMI, FL 33131

FILED Jan 07, 2005 8:00 am Secretary of State

01-07-2005 90003 024 ***158.75

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No Cha-P

CR2E034 (10/03)

4. FEI Number 65-0390778

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

KAPUSTIN, RAFAEL 25 SE 2ND AVE. SUITE 750

DO NOT WRITE IN THIS SPACE

IVIIAIVII, FL	. 33131			114 1	IIIO OI ACL	
8. The above the obligat	e named entity submits this statement for the ptions of registered agent.	ourpose of changing its registere	d office or i	egistered agent, or both	n, in the State of Florida. I am familiar with, and accept	-
SIGNATURE.						
	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	Agent signatur	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				-
THTLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAPUSTIN, RAFAEL 25 SE 2ND AVE, SUITE 750 MIAMI, FL 33131					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAPUSTIN, SARA 25 SE 2ND AVE, SUITE 750 MIAMI, FL 33131					
TITLE		Anne i dell'anne		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE	

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 empower

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR