


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000001681  
 1. Entity Name  
 333 N.E. 27TH STREET CORP.



Principal Place of Business      Mailing Address  
 333 NE 27 STREET      5700 SW 97TH STREET  
 MIAMI, FL 33137 US      MIAMI, FL 33156



04262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0476553	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 MIR, HECTOR J  
 2655 LE JEUNE RD  
 SUITE 1107  
 CORAL GABLES, FL 33134

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

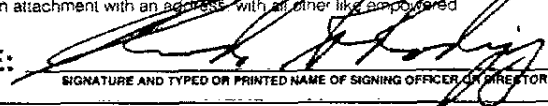
U00000152226  
 05/04/04-80078-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RODRIGUEZ, ARMANDO A
STREET ADDRESS	5700 SW 97 ST.
CITY - ST - ZIP	PINECREST, FL 33156
TITLE	D
NAME	RODRIGUEZ, FELIX R
STREET ADDRESS	6969 COLLINS AVE. APT 710
CITY - ST - ZIP	MIAMI BEACH, FL 33141
TITLE	D
NAME	RODRIGUEZ, NORMA G
STREET ADDRESS	5700 SW 97 ST.
CITY - ST - ZIP	PINECREST, FL 33156
TITLE	D
NAME	RODRIGUEZ, MARTA R
STREET ADDRESS	6969 COLLINS AVE. APT. 710
CITY - ST - ZIP	MIAMI BEACH, FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 another like empowered.

SIGNATURE:  DATE: 4/30/04 DAYTIME PHONE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR