2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2006 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 MIAMI, FL 33137 US	5700 SW 97TH STREET MIAMI, FL 33156

05032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0476553
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MIR, HECTOR J
2655 LE JEUNE RD
SUITE 1107
CORAL GABLES, FL 33134

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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 reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice

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	

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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: [signature] Rodriguez - Vice President 5/15/06 305-905-6517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #