## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000001681

City-St-Zip:

MIAMI, FL 33137

Entity Name: 333 N.E. 27TH STREET CORP.

FILED Apr 27, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 333 NE 27 STREET MIAMI, FL 33137 **Current Mailing Address: New Mailing Address:** 5700 SW 97TH STREET MIAMI, FL 33156 FEI Number: 65-0476553 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MIR, HECTOR J 2655 LE JEUNE RD **SUITE 1107** CORAL GABLES, FL 33134 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition RODRIGUEZ, ARMANDO A Name: Name: 5700 SW 97 ST. Address: Address: PINECREST, FL 33156 City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change ( ) Addition RODRIGUEZ, FELIX R Name: RODRIGUEZ, FELIX R Name: 417 NE 27 ST #1 9451 SW 67TH AVENUE Address: Address: MIAMI, FL 33137 City-St-Zip: MIAMI, FL 33156 City-St-Zip: Title: Title: ( ) Delete () Change () Addition RODRIGUEZ, NORMA G Name: Name: 5700 SW 97 ST. Address: Address: City-St-Zip: PINECREST, FL 33156 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition RODRIGUEZ, MARTA R RODRIGUEZ, MARTA R Name: Name: Address: 417 NE 27 ST #1 Address: 9451 SW 67 AVENUE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

MIAMI, FL 33156

SIGNATURE: ARMANDO R. RODRIGUEZ DIR 04/27/2009