## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P94000014634

1. Entity Name

49TH STREET NORTH CORPORATION



FILED
Jan 24, 2008 08:00 A
Secretary of State

Principal Place of Business

10711 RED RUN BLVD

STE 101

OWINGS MILLS, MD 21117

Mailing Address

10711 RED RUN BLVD

STE 101

OWINGS MILLS, MD 21117

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01032008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3218120

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUGGLES, THOMAS W 603 INDIAN ROCKS RD BELLEAIR, FL 33756

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		Service of the servic
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE		
9. Election Campaign Financing \$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS	
TITLE	DPT	
NAME STREET ADDRESS	SOLLINS, S. LEONARD 10711 RED RUN BLVD. STE 101	
CITY-ST-ZIP	OWINGS MILLS, MD 211175138	
TITLE	DVS	- U00000793057 01/24/08-80032-021 150.00
NAME	GOLDBERG, ILENE S	01/24/00 00000 021 100.00
STREET ADDRESS CITY-ST-ZIP	10711 RED RUN BLVD STE 101 OWINGS MILLS, MD 211175138	
TITLE	CHINGS MILES, MID 2117/3/30	The state of the s
NAME		
STREET ADDRESS		DO NOT WRITE
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NAME STREET ADDRESS	The day for the control of the contr	to be a second s
CITY-ST-ZIP	1 y 1 12 3 3 1 1	
		emptions contained in Chapter 119, Florida Statutes, I further certify that the information

12. I hereby certify that the information supplied with this fitting 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 chapter 607 on an attachment with any address, with all other like empowered.

SIGNATURE:

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SOLL INS 1/1908 (410)356-2880