


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 03, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000013378 1. Entity Name 577, INC.	
---	---

Principal Place of Business 848 BRICKELL AVENUE SUITE 950 MIAMI, FL 33131 US	Mailing Address 848 BRICKELL AVENUE SUITE 950 MIAMI, FL 33131 US
---	---

DO NOT WRITE IN THIS SPACE



06212007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0576710	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENITEZ, ALBERTO
848 BRICKELL AVENUE
SUITE 950
MIAMI, FL 33131

**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 ALBERTO BENITEZ DATE 6/18/2007
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 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	DPS FIDALGO, EDUARDO 848 BRICKELL AVE., STE. 950 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROJAS, ARTURO A 848 BRIKELL AVE SUITE 950 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000766213
07/03/07-80002-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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, or in any other like empowered.

SIGNATURE: ARTURO A. ROJAS DATE 6/18/2007 DAYTIME PHONE # (305) 579-0258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR