

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90045 037 ***150.00

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1. Entity Name

TWENTY SEVENTH AND FIRST, INCORPORATED



Principal Place of Business

11501 SW 40TH STREET
2ND FLOOR
MIAMI, FL 33165

Mailing Address

11501 SW 40TH STREET
2ND FLOOR
MIAMI, FL 33165

40096264



04242007 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0609573

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MAURY, ALBERT R
11501 SW 40TH STREET 2ND FLOOR
MIAMI, FL 33165

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DC**
NAME LEON, BENJAMIN JR.
STREET ADDRESS 11501 SW 40TH STREET 2ND FLOOR
CITY-ST-ZIP MIAMI, FL 33165

TITLE **P**
NAME **Leon, Benjamin III**
STREET ADDRESS **11501 SW 40 St.**
CITY-ST-ZIP **Miami, FL 33165**

TITLE **V**
NAME **Maury, Albert**
STREET ADDRESS **11501 SW 40 St**
CITY-ST-ZIP **Miami, FL 33165**

TITLE **S**
NAME **Leon, Lourdes**
STREET ADDRESS **11501 SW 40 St**
CITY-ST-ZIP **Miami, FL 33165**

TITLE **T**
NAME **Leon, Silvia**
STREET ADDRESS **11501 SW 40 St**
CITY-ST-ZIP **Miami, FL 33165**

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-07

Date

305-642-5364

Daytime Phone #