


**2006 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # P97000054574

1. Entity Name
729-731 WASHINGTON AVE., PROPERTY, INC.



FILED
2006 JUN 19 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
~~2191 CORALWAY~~ *3191 Coral Way*
SUITE 1008
MIAMI, FL 33145

Mailing Address
3191 CORAL WAY #1008
MIAMI, FL 33145



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

05182006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number
65-0762784

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SOSTCHIN, GUILLERMO
3191 CORAL WAY #1008
MIAMI, FL 33145

7. Name and Address of New Registered Agent
Name: *David E. Stone*
Street Address (P.O. Box Number is Not Acceptable): *3191 Coral Way #1008*
City: *Miami*
State: **FL** Zip Code: *33135*

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]* DATE: *6/15/2006*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOSTCHIN, GUILLERMO <input checked="" type="checkbox"/> Delete 3191 CORAL WAY MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP VIVES, GRACE <input type="checkbox"/> Delete 3191 CORAL WAY #1008 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>David E. Stone, Pres.</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>3191 Coral Way #1008</i> <i>Miami, FL 33135</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100076634451 06/27/06--01028--005 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>B 6/24/04</i>

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: *Grace Vives* *[Signature]* **SVP** *5/19/2006* *(305) 476-7767*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #