

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000054664

1. Entity Name  
601-615 WASHINGTON AVE., PROPERTY, INC.



FILED

05 JUN 19 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05182006 Chg-P CR2E034 (11/05)

Principal Place of Business  
~~2503 SW 27 AVE~~ 3191 Coral Way  
MIAMI, FL ~~33133~~ 33145

Mailing Address  
3191 CORAL WAY #1008  
MIAMI, FL 33145

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number  
65-0762785  
Applied For  
Not Applicable

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 FL Zip Code 33145

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]* 06/15/2006  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David E. Stone	
STREET ADDRESS	3191 Coral Way #1008	
CITY-ST-ZIP	Miami, FL 33145	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grace Vives	
STREET ADDRESS	3191 Coral Way #1008	
CITY-ST-ZIP	Miami, FL 33145	
TITLE	200076718432	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	06/29/06--01047--016 ***61.25	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* Grace Vives S. 5/22/2006 (305) 426-7767  
Signature and typed or printed name of signing officer or director Date Daytime Phone #