

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000054664

FILED
Mar 20, 2009
Secretary of State

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

Current Principal Place of Business:

3191 CORAL WAY, SUITE 1008
MIAMI, FL 33145 US

New Principal Place of Business:

Current Mailing Address:

3191 CORAL WAY, SUITE 1008
MIAMI, FL 33145 US

New Mailing Address:

FEI Number: 65-0762785

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOSTCHIN, HENRIETTA
3191 CORAL WAY, SUITE 1008
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SOSTCHIN, BURL
Address: 3191 CORAL WAY, SUITE 1008
City-St-Zip: MIAMI, FL 33145 US

Title: DVST () Delete
Name: VIVES, GRACE
Address: 3191 CORAL WAY, SUITE 1008
City-St-Zip: MIAMI, FL 33145 US

Title: D () Delete
Name: SOSTCHIN, HENRIETTA
Address: 3191 CORAL WAY, SUITE 1008
City-St-Zip: MIAMI, FL 33145 US

Title: D () Delete
Name: SOSTCHIN, DANA
Address: 3191 CORAL WAY, SUITE 1008
City-St-Zip: MIAMI, FL 33145 US

Title: D () Delete
Name: PERCAL, IDA
Address: 3191 CORAL WAY, SUITE 1008
City-St-Zip: MIAMI, FL 33145 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRACE VIVES

DVST

03/20/2009

Electronic Signature of Signing Officer or Director

Date