


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90219 006 ***150.00

DOCUMENT # P97000056099

1. Entity Name
8TH STREET WASHINGTON HOLDINGS, INC.



Principal Place of Business
523 MICHIGAN AVE
MIAMI BEACH, FL 33139

Mailing Address
523 MICHIGAN AVE
MIAMI BEACH, FL 33139

50019845



02212005 Chg-P CR2E034 (10/03)

2. Principal Place of Business
230 5th Street

3. Mailing Address
230 5th Street

Suite, Apt. #, etc.

City & State
Miami Beach FL

City & State
Miami Beach FL

Zip
33139

Country
USA

4. FEI Number
65-0325834

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ROBINS, SCOTT
523 MICHIGAN AVE
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name
Robins, Scott

Street Address (P.O. Box Number is Not Acceptable)
230 5th Street

City
Miami Beach **FL** Zip Code
33139

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 _____ DATE *2/21/05*

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBINS, SCOTT 523 MICHIGAN AVE MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Robins, Scott</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>230 5th Street</i> <i>Miami Beach, FL 33139</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 entries.

SIGNATURE: _____ DATE *2/21/05* 305-674-0608

SCOTT ROBINS COMPANIES
230 FIFTH STREET
MIAMI BEACH, FL 33139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR