


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000069801</b> 1. Entity Name <b>320 BUILDING CORP.</b>																													
Principal Place of Business <b>11814 SW 92ND TERR. MIAMI FL 33186</b>			Mailing Address <b>11814 SW 92ND TERR. MIAMI FL 33186</b>																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country	Zip		Country																								
<b>6. Name and Address of Current Registered Agent</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>JOANNOU, HARRIET 11814 S.W. 92 TERRACE MIAMI FL 33186</b> </div> <div style="width: 35%;">           Name            Street Address (P.O. Box Number is Not Acceptable)            City         </div> </div>																													
<b>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.</b>																													
SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small>																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2006 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 35%;"> <b>9. Election Campaign Financing</b>            Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees         </div> </div>																													
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																										
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1st MOORE CR2E034 (10/05)

4. FEI Number **65-0782082** Applied For ☐ Not Applied ☐

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

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Harriet Joannou*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-06

305-595-9775

Date

Daytime Phone #