


**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only

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DOCUMENT # 997000079756	
1. Entity Name 3157, Inc	

FILED

11 JUN -1 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box # 1282 NE 163rd St.	3. Mailing Address 1282 NE 163rd St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CR2E034B (1/11)

City & State N. Miami Bch, FL	City & State N. Miami Bch, FL	4. FEI Number 650788238	Applied For <input type="checkbox"/> Not Applicable
Zip 33162	Country	Zip 33162	Country
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name MICHAEL RAUF	
Street Address (P.O. Box Number is Not Acceptable) 1282 NE 163rd St.	
City N. Miami Bch	FL Zip Code 33162

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 _____	(NOTE Registered Agent signature required when re-instating)	DATE _____
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Trust Fund Contribution. Added to Fees	E-mail Address: besttax1040@yahoo.com E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MICHAEL RAUF 1282 NE 163rd St. N. Miami Bch, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JAMILA RAUF 1282 NE 163rd St. N. Miami Bch, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>AWH</i>
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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155.

SIGNATURE: *Michael Rauf* DATE: 5/19/11 (305) 974-4224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #