

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000090240**

1. Entity Name  
NW 165 ST., INC.



Principal Place of Business  
5100 NW 165TH ST  
MIAMI, FL 33014-330 US

Mailing Address  
1875 MCCARTER HWY  
NEWART, NJ 07104 US



07012005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
22-3545821

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SAFER, AL  
1500 S. OCEAN BLVD.  
SUITE S901  
BOCA RATON, FL 33432

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME SAFER, ALBERT  
STREET ADDRESS 1875 MCCARTER HWY.  
CITY-ST-ZIP NEWARK, NJ 07104

TITLE SVP  
NAME HERMANN, STEVEN  
STREET ADDRESS 1875 MCCARTER HWY  
CITY-ST-ZIP NEWARK, NJ 07104

TITLE EVP  
NAME NEUER, PHILIP D  
STREET ADDRESS 5100 NW 165TH ST  
CITY-ST-ZIP MIAMI, FL 33014

TITLE SAS  
NAME NEUER, PHILIP D  
STREET ADDRESS 1875 MCCARTER HWY  
CITY-ST-ZIP NEWARK, NJ 07104

TITLE T  
NAME WACHSMAN, RICHARD  
STREET ADDRESS 1875 MCCARTER HWY  
CITY-ST-ZIP NEWARK, NJ 07104

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000374618  
07/26/05-80008-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_