

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

DO NOT WRITE IN THIS SPACE

07012005 No Chg-P CR2E034 (10/03)

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

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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 NAME STREET ADDRESS CITY-ST-ZIP	P SAFER, ALBERT 1875 MCCARTER HWY. NEWARK, NJ 07104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP HERMANN, STEVEN 1875 MCCARTER HWY NEWARK, NJ 07104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP NEUER, PHILIP D 5100 NW 165TH ST MIAMI, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAS NEUER, PHILIP D 1875 MCCARTER HWY NEWARK, NJ 07104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WACHSMAN, RICHARD 1875 MCCARTER HWY NEWARK, NJ 07104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000374618
 07/26/05-80008-013 150.00

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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 empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7/26/05 Daytime Phone # _____