


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 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



01262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3545821	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

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	

000000426176
02/20/06-80031-020 150.00

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IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rud Wachsman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/06 973-482-6400 228

Date Daytime Phone #