


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000001438</b>	
1. Entity Name 112 STREET, INC.	

Principal Place of Business 3550 NW 112 STREET MIAMI, FL 33167	Mailing Address 3550 NW 112 STREET MIAMI, FL 33167
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DO NOT WRITE IN THIS SPACE



03302004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0888445	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  SCHULTZ, STEVEN A 200 S. BISCAYNE BLVD., #2410 MIAMI, FL 33131
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000100602 04/01/04-80013-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, CAROLE 3550 NW 112 STREET MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONTENTO, ROBERT 3550 NW 112 STREET MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAM, GREEN 3550 NW 112 STREET MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREEN, ARTHUR 3550 NW 112 STREET MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3/30/04 Date Daytime Phone # _____
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