

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000026159

1. Entity Name
5500 S.W. 8TH ST. PROPERTY, INC.



Principal Place of Business
2064 W. INDIANTOWN RD.
JUPITER, FL

Mailing Address
3191 CORAL WAY
#1008
MIAMI, FL 33145



01232008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0914220

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STONE, DAVID ESQ
3191 CORAL WAY
#1008
MIAMI, FL 33145

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000940235
05/28/08-80058-016 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME STONE, DAVID
STREET ADDRESS 3191 CORAL WAY #1008
CITY - ST - ZIP MIAMI, FL 33145

TITLE TS
NAME SOSTCHIN, HENRIETTA
STREET ADDRESS 3191 CORAL WAY #1008
CITY - ST - ZIP MIAMI, FL 33145

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/28/08 305-476-7767