


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**05 MAR 11 AM 8:20**

|   |   |
|---|---|
| <b>DOCUMENT # P99000079976</b><br>1. Entity Name<br>55TH STREET STATION, INC. |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br>5600 BISCAYNE BLVD<br>MIAMI, FL 33137 | Mailing Address<br>5600 BISCAYNE BLVD<br>MIAMI, FL 33137 |
|--|--|

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|   |  |                 |
|---|--|-----------------|
| 01172005  | No Chg-P   | CR2E034 (10/03) |
| 4. FEI Number<br><b>65-0950634</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |                 |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |                 |

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br>CAPOTE, BEATRIZ M<br>799 BRICKELL PLAZA<br>SUITE 700<br>MIAMI, FL 33137 |
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |   |  |
|---|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |
|---|---|--|

| 10. OFFICERS AND DIRECTORS |                 |
|----------------------------|-----------------|
| TITLE                      | PVT             |
| NAME                       | SOYKA, MARK     |
| STREET ADDRESS             | 800 OCEAN DRIVE |
| CITY-ST-ZIP                | MIAMI, FL 33139 |
| TITLE                      |                 |
| NAME                       |                 |
| STREET ADDRESS             |                 |
| CITY-ST-ZIP                |                 |
| TITLE                      |                 |
| NAME                       |                 |
| STREET ADDRESS             |                 |
| CITY-ST-ZIP                |                 |
| TITLE                      |                 |
| NAME                       |                 |
| STREET ADDRESS             |                 |
| CITY-ST-ZIP                |                 |

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03/15/05--01008--017 \*\*200.00

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:  | Mark Soyka | 2-25-05 305759 8227 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                             | Date       | Daytime Phone #     |