

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90028 036 ***150.00



DOCUMENT # P99000083730

1. Entity Name
2221 CORPORATION

Principal Place of Business
13060 SW 106TH STREET
MIAMI FL 33186

Mailing Address
13060 SW 106TH STREET
MIAMI FL 33186

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 65-0950521

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

6. Name and Address of Current Registered Agent
ELKIN, STEVEN C ESQUIRE
7805 SW 6TH COURT
PLANTATION FL 33324

7. Name and Address of New Registered Agent
Name: **IVAN B. MARTIN**
Street Address (P.O. Box Number is Not Acceptable):
13060 SW 106 ST.
City: **MIAMI** **FL** Zip Code: **33186**



1st MOORE CR2E034 (10/04)

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: *Ivan B. Martin* **IVAN B. MARTIN** **4/1/05**
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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PTD <input type="checkbox"/> Delete NAME: MARTIN, IVAN STREET ADDRESS: 13060 SW 106TH STREET CITY-ST-ZIP: MIAMI FL 33186		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: VPD <input checked="" type="checkbox"/> Delete NAME: MARTIN, IVAN STREET ADDRESS: 13060 SW 106TH STREET CITY-ST-ZIP: MIAMI FL 33186		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: SD <input type="checkbox"/> Delete NAME: MARTIN, LUISA STREET ADDRESS: 13060 SW 106TH STREET CITY-ST-ZIP: MIAMI FL 33186		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	

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: *Ivan B. Martin* **IVAN B. MARTIN** **4/1/05** **305 388 0648**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #