


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90038 043 \*\*\*150.00

<b>DOCUMENT # P99000101343</b>		
1. Entity Name 17TH STREET REALTY, INC.		

Principal Place of Business 888 E LAS OLAS BLVD, 3RD FLOOR FORT LAUDERDALE, FL 33301	Mailing Address 888 E LAS OLAS BLVD, 3RD FLOOR FORT LAUDERDALE, FL 33301
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2. Principal Place of Business - No P.O. Box # 301 E. Las Olas Blvd Suite, Apt. #, etc. Suite 300 City & State Ft. Lauderdale, FL Zip 33301 Country USA	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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01292007 Chg-P CR2E034 (12/06)

4. FEI Number 56-2318783	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SAWYER, KIM 720 BAY SHORE DR 805 FT LAUDERDALE, FL 33304	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 <u>Kim Sawyer, President</u> DATE <u>3/10/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAWYER, KIM 888 E LAS OLAS BLVD, 3RD FLOOR FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 <u>Kim Sawyer, President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>3/10/2007</u> Daytime Phone # <u>954-522-5223</u>