

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000106155

1. Entity Name  
901 ALTON ROAD, INC.



Principal Place of Business  
901 ALTON ROAD  
MIAMI BEACH, FL 33139

Mailing Address  
3191 CORAL WAY SUITE #1008  
MIAMI, FL 33145

FILED

06 JUN 12 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06052006 Chg-P CR2E034 (11/05)

4. FEI Number  
65-0991192

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SOSTCHIN, GUILLERMO  
3191 CORAL WAY #1008  
MIAMI, FL 33133

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

Amended AR is \$61.25

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

## 10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete  
NAME SOSTCHIN, GUILLERMO  
STREET ADDRESS 3191 CORAL WAY #1008  
CITY-ST-ZIP MIAMI, FL 33145

TITLE D ☒ Delete  
NAME STONE, DAVID E  
STREET ADDRESS 3191 CORAL WAY #1008  
CITY-ST-ZIP MIAMI, FL 33173

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☐ Change ☒ Addition  
NAME David Stone, Esq.  
STREET ADDRESS 3191 Coral Way, Suite 1008  
CITY-ST-ZIP Miami, FL 33145

TITLE Treasurer & Secretary ☐ Change ☒ Addition  
NAME Henrietta Sostchin  
STREET ADDRESS 3191 Coral Way, Suite 1008  
CITY-ST-ZIP Miami, FL 33145

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #

6/06/06 305-725-5292

DAVID E. STONE