


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S14114</b> 1. Entity Name 16TH STREET PROPERTIES, INC.	
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Principal Place of Business 12250 N.W. 28TH AVE. MIAMI, FL 33167 US	Mailing Address 12250 NW 28 AVENUE MIAMI, FL 33167 US
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04042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0229924	Applied For 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  JOHNSON, PENNI 12250 N.W. 28TH AVE. MIAMI, FL 33167
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**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

UN00000313169  
04/18/05-80111-024 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAXWELL, ROBERT D., SR. 12250 N.W. 28TH AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSTV JOHNSON, PENNI 12250 N.W. 28TH AVE. MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MAXWELL, GARY C. 157 WASHINGTON AVE SECAUCAS, NJ 07094
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MAXWELL, DALE T. 28 CARRIAGE WAY FREEHOLD, NJ 07728
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

*Penni Johnson Secretary* 4/18/05 305-687-3560