

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2007 8:00 am
Secretary of State

06-15-2007 90022 021 ***163.75

DOCUMENT # S59155

1. Entity Name
130 NW 69 STREET, INC.



Principal Place of Business
115-20 228TH STREET
CAMBRIA HEIGHTS, NY 11411-0001 US

Mailing Address
115-20 228TH STREET
CAMBRIA HEIGHTS, NY 11411-0001 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05212007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
06-1349510

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ST. PRIX, ANTHONY
9280 BISCAYNE BLVD.
SUITE C
MIAMI, FL 33138

ST. PRIX, ANTHONY (ADDRESS-CHANGE)
1041 Ives Dairy Road
Greenwich Industries, Inc
Miami FL 33170

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 use if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ROBINSON, GEORGE ☐ Delete
STREET ADDRESS 9280 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI, FL 33138

TITLE PD ☒ Change ☐ Addition
NAME ROBINSON, GEORGE (ADDRESS)
STREET ADDRESS 1041 Ives Dairy Road
CITY-ST-ZIP MIAMI FL 33170

TITLE VSD
NAME ROBINSON, LUCENNE ☐ Delete
STREET ADDRESS 9280 BISCAYNE BLVD. SUITE C
CITY-ST-ZIP MIAMI, FL 33138

TITLE VSD ☒ Change ☐ Addition
NAME ROBINSON, LUCENNE (ADDRESS)
STREET ADDRESS 1041 Ives Dairy Road
CITY-ST-ZIP MIAMI FL 33170

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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

5/28/07

Date

Daytime Phone #