2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S59155

1. Entity Name 130 NW 69 STREET, INC.



FILED Jun 15, 2007 8:00 am Secretary of State 06-15-2007 90022 021 ***163.75

	, i			•			
Principal Plac	ce of Business	Mailing Address		-			
115-20 228TH STREET CAMBRIA HEIGHTS, NY 11411-0001 US		115-20 228TH STREET Cambria Heights, NY 11411-0001 US					
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address					
					18	BIBN BIBN BLBNBBN II IBBN 1 g-2	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05212007 Chg	-P CR2E03	4 (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 ee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent			
ST. PRIX,	ANTHONY			STATELY CANTHONY (ADDRESS-GHANGE)			
9280 BISC	CAYNE BLVD.		1 Syraen Addre	ss (P.O. Box Number is Not A VEB DAITY: RO	cceptable) a.d	•	
SUITE C MIAMI, FL	33138		greenw:	ich Industrie	es, The		
	e		Mîani		FL	230-50de7.0	
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 acce							
the obligations of registered agent.							
SIGNATURE Signature: typed or printed name of registered agent and tide if applicable (NOTE: Registered Agent signature required when reinstating) OATE							
	Segment types of printed the or	The last of approach		on a comment particular regy	DATE		
	LE NOWIII FEE IS \$150.00 ue by September 14, 2007	9. Election Campa Trust Fund Con		\$5.00 May Be In accordance Corpora	ordance with s. 607.1 ation did not receive	193(2)(b), F.S., the the prior notice.	
10,	OFFICERS AND	DIRECTORS Delete	11.	ADDITIONS/CHANGE			
TITLE NAME	PD ROBINSON, GEORGE	TITLE HE	BINSON, GEORG	្រ រដ្ឋា	(ADDRESS)		
STREET ADDRESS	9280 BISCAYNE BLVD.		STREET ADDRESS 1.1	74 i Ives p ali	y Road	(COUNTRY	
CITY-ST-ZIP	MIAMI, FL 33138			ami _{FL} 33	3 7 70		
TITLE NAME	VSD ROBINSON, LUCENNE	☐ Delete	TITLE VS			Change Addition (ADDRESS)	
STREET ADDRESS	9280 BISCAYNE BLVD. SUITE		IKC	BINSON,LUCEN 141 ives _D air	INE	(CCGMCCA)	
CITY-ST-ZIP	MIAMI, FL 33138	······		IIAMI PL	_ ``2	<u>3170</u>	
TITLE NAME		☐ Delete	TITLET			Charge in Taddition	
STREET ADDRESS			STREET ADDRESS	wg 1 · · · · · · · · · · · · · · · · · ·	wa Tanka		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	City-St-ZIP [Vi]	رز فاق وشد .	<u> </u>		
TITLE .	-	Delete	TI <u>TL</u> E NAME	_		Change Addition	
STREET ADDRESS			STREET ADDRESS				
CITY-S1-ZIP			CITY-ST-ZIP			***	
TITLE	,	Delete	TITLE		1	Change Addition	
NAME STREET ADDRESS		•	NAME STREET ADORESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Defete	TITLE			Change Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP	- a			
12. I hereby of indicated	certify that the information supplied with on this report or supplemental report is	n this filing does not qualify for the and that	or the exemptions containny signature shall have t	ned in Chapter 119, Florida S same Legal effect as if mar	Statutes. I further certify	that the information	
12. I hereby certify that the information supplied with this filing cloes 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 tharmy signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiper or tustee empowered to execute this report at required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment in address, with all other like empowered.							
CICNAT	UDE.	-		5/98/A	7		
SIGNAT		PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	Date	Day	rlime Phone #	