


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90219 007 ***150.00

DOCUMENT # V21136


1. Entity Name
8TH STREET WASHINGTON PARTNERS, INC.



Principal Place of Business Mailing Address
523 MICHIGAN AVE **523 MICHIGAN AVE**
MIAMI BEACH, FL 33139 US **MIAMI BEACH, FL 33139 US**

2. Principal Place of Business 3. Mailing Address
230 5th Street *230 5th Street*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami Beach, FL *Miami Beach, FL*
 Zip Country Zip Country
33139 USA *33139 USA*



02212005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0325834 Not Applicable

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

6. Name and Address of Current Registered Agent
ROBINS, SCOTT
523 MICHIGAN ST
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent
 Name *Robins, Scott*
 Street Address (P.O. Box Number is Not Acceptable)
230 5th Street
 City *Miami Beach* FL Zip Code *33139*

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 _____ DATE *2/21/05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBINS, SCOTT 523 MICHIGAN AVE MIAMI, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DP</i> <i>Robins, Scott</i> <i>230 5th Street</i> <i>Miami Beach, FL 33139</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 exemption stated in Section 119.07(3)(i), 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: _____ DATE *2/21/05* DAYTIME PHONE # *305-676-0600*

SCOTT ROBINS COMPANY,
230 FIFTH STREET
MIAMI BEACH, FL 33139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR