2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2005 08:00 AM Secretary of State

DOCUMENT # V42861 1. Enlity Name FLAGLER ELEVEN, INC.		· _ ·		Secretary of State	
Principal Plac 1120 W FLAI MIAMI, FL 3	GLER ST	Mailing Address 1120 W FLAGLER ST MIAMI, FL 33130			
DO NOT WRITE IN THIS SPACE			CE	04252005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For	
		loved Acoust		65-0341239 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required	
OTANO, JOSE 1120 W FLAGLER ST MIAMI, FL 33130 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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Trust Fund Contribution. \$5.00 May Added to Fee.				00 May Be of to Fees 04/28/05-80021-012 150.00	
10. HILE NAME SIRLEI ADDRESS CHY-SI-ZIP HILE NAME STREEI ADDRESS CHY SI-ZIP HILE NAME STREET ADDRESS CHY SI-ZIP HILE NAME STREET ADDRESS CHY SI-ZIP HILE NAME STREET ADDRESS CHY SI-ZIP HILE NAME	— OFFICERS AND DIR D OTANO, JOSE 1120 W FLAGLER ST MIAMI, FL	ECTORS		DO NOT WRITE IN THIS SPACE	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP COMME					
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes 1 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF MCER OR DIRECTOR. Daysing Phone #					