2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90085 040 ***158.75

Y40239561

DOCUMENT # L95640

1. Entity Name
A1A CORNER OF JOHNSON STREET REAL ESTATE CORP.

Principal Place of Business	Mailing Address
349 JOHNSON STREET HOLLYWOOD BEACH, FL 33019	8 E 41ST STREET 6TH FLOOR NEW YORK, NY 10017

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03122004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0220023 — Applied For / Not Applicable

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
LEVY, SHAUL C/O WINGS 349 JOHNSON STREET HOLLYWOOD BEACH, FL 33019	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip Code

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, 2004 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	P ☐ Delete	TITLE	P ☒ Change ☐ Addition
NAME	LEVY, SHAUL	NAME	Levy Shaul
STREET ADDRESS	18 EAST 42ND STREET	STREET ADDRESS	8 East 41st Street 6th Floor
CITY-ST-ZIP	NEW YORK, NY	CITY-ST-ZIP	New York, NY 10017
TITLE	VP ☐ Delete	TITLE	VP ☐ Change ☐ Addition
NAME	LEVY, MEIR	NAME	Levy Meir
STREET ADDRESS	18 EAST 42ND STREET	STREET ADDRESS	8 East 41st Street 6th Floor
CITY-ST-ZIP	NEW YORK, NY	CITY-ST-ZIP	New York, NY 10017
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: S. _____ 3/13/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #