


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90069 024 \*\*\*150.00

DOCUMENT # L95640 1. Entity Name A1A CORNER OF JOHNSON STREET REAL ESTATE CORP.	
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Principal Place of Business 349 JOHNSON STREET HOLLYWOOD BEACH, FL 33019	Mailing Address 8 E 41ST STREET 6TH FLOOR NEW YORK, NY 10017
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**DO NOT WRITE IN THIS SPACE**



03062008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0220023	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LEVY, SHAUL  
C/O WINGS  
349 JOHNSON STREET  
HOLLYWOOD BEACH, FL 33019

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEVY, SHAUL
STREET ADDRESS	2800 NW 125TH STREET
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	VP
NAME	LEVY, MEIR
STREET ADDRESS	8 EAST 41ST STREET 6TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *S. Levy* 3/16/08 212-481-8290  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #