2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2005 8:00 am **Secretary of State**

01-18-2005 90052 021 ***158.75

ipal Place of Business	Mailing Address	<u>.</u>	40002589
NW 64TH PL	2629 N.W. 64TH PL		

Princ 2629 N.W. 64TH PL. BOCA RATON, FL 33496

HADDAD, CALVIN C.

1. Entity Name

DOCUMENT # K60266

FIFTH AVENUE ASSOCIATES, INC.

2629 N.W. 64TH PL. BOCA RATON, FL 33496

3. Mailing Address 2. Principal Place of Business H00 S.E. 400 S.E. FIFTH HYENVE Suite, Apt. #, etc. Suite, Apt. #, etc.

01132005 604 604 City & State City & State 4. FEI Number BO CA BOCA KATON 65-0098930 Country Country 5. Certificate of Status Desired

Applied For Not Applicable \$8.75 Additional

CR2E034 (10/03)

Fee Required

33432 6. Name and Address of Current Registered Agent

CALVIN

O. Box Number is Not Acceptable)

FIFTH AVENUE -

7. Name and Address of New Registered Agent

Chg-P

2629 N.W. 64TH PL. BOCA RATON, FL 33496 City BOCA KATON

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 age

Trust Fund Contribution.

SIGNATUREY Signature, types

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing \$5.00 May Be

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PRESIDENT, DIRECTOR Delete TITLE Change TILE HADDAD, CALVIN 400 S.E. FIFTH AVENUE - APT. 604 NAME HADDAD, CALVIN NAME 1225 BROADWAY STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33432 CITY-ST-ZIP NEW YORK, NY 10001 CITY-ST-7IP SECRETARY, TREASURER, DIRECTOR Change HADDAD, BABETTE 400 S.E. FIFTH AVENUE - APT. 604 Delete TITLE TITLE HADDAD, BABETTE L NAME NAME STREET ADDRESS 1225 BROADWAY STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10001 CITY-ST-ZIP BOCA RATON FL 33432 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ∏ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition 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 appoint 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 erpowered.

SIGNATURE: X

CALVIN HADDAD

ATTACHMENT

40002589

Fifth Avenue Associates, Inc.
400 S.E. FIFTH AVE., APT. 604

400 S.E. FIFTH AVE., APT. 604 BOCA RATON, FL. 33432 (Tel) 561-447-0514 - (Fax) 561-447-0397

January 14, 2005

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Re:

Fifth Avenue Associates, Inc...

Document #K60266

Dear Sir or Madam:

Enclosed please find our check # 13-6/ in the amount of \$158.75 paying the Annual Report for 2005 for the above-referenced document number.

Included in our payment is \$8.75 as the additional fee required for you to forward a Certificate of Status Desired (No. 5).

Please be kind enough to forward said Certificate to the new mailing address as indicated within box #7 of the **Annual Report**, as follows:

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Fifth Avenue Associates, Inc.
C/o Calvin C. Haddad
400 S.E. Fifth Ave., Apt. 604
Boca Raton, FL 33432

Very truly yours,

FIFTH AVENUE ASSOCIATES, INC

Calvin C. Haddad

C/CH/cp Encl.