2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# K60266

Entity Name: FIFTH AVENUE ASSOCIATES, INC.

Current Principal Place of Business:

55 NE FIFTH AVE.
SUITE 402
BOCA RATON, FL 33432

New Principal Place of Business:

55 NE FIFTH AVE.
SUITE 401
BOCA RATON, FL 33432

Current Mailing Address:

55 NE FIFTH AVE, SUITE 401
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 65-0098930 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HADDAD, CALVIN C.
55 N.E. FIFTH AVE.
SUITE 402
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

HADDAD, CALVIN C.
55 N.E. FIFTH AVE.
SUITE 401
BOCA RATON, FL 33432 US

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.

SIGNATURE: ______________________________ 01/20/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HADDAD, CALVIN,
Address: 55 N.E. FIFTH AVE.. STE. 402
City-St-Zip: BOCA RATON, FL 33432

Title: STD ( ) Delete
Name: HADDAD, BEBETTE
Address: 55 N.E. FIFTH AVE., STE. 402
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HADDAD, CALVIN,
Address: 55 N.E. FIFTH AVE.. STE. 401
City-St-Zip: BOCA RATON, FL 33432

Title: STD (X) Change ( ) Addition
Name: HADDAD, BEBETTE
Address: 55 N.E. FIFTH AVE., STE. 401
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CALVIN HADDAD PD 01/20/2009
Electronic Signature of Signing Officer or Director — Date