

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 08:00 AM
Secretary of State



DOCUMENT # L08748

1. Entity Name
FIFTH AVENUE ART GALLERY, INC.

Principal Place of Business
**1470 HIGHLAND AVE
 MELBOURNE FL 32935
 US**

Mailing Address
**1470 HIGHLAND AVE.
 MELBOURNE FL 32935
 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State

City & State

4. FEI Number **59-2966570**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**BOYD, JOEL E ESQ
 6767 N. WICKHAM ROAD
 STE 306
 MELBOURNE FL 32940**

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, 2007 Fee Will Be \$550.00
 Make Check Payable to Florida Department of State**

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
 NAME: **SHANNON, KAYE**
 STREET ADDRESS: **5149 WEXFORD DR**
 CITY-STATE-ZIP: **VIERA FL 32955**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-STATE-ZIP: _____
**U00000635508
 02/23/07-80017-007 150.00**

TITLE: **VPD** Delete
 NAME: **TSAMOATALES, MARY**
 STREET ADDRESS: **2293 VENETIA PLACE**
 CITY-STATE-ZIP: **INDIALANTIC FL 32903**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-STATE-ZIP: _____

TITLE: **T** Delete
 NAME: **MITTLEMAN, LOIS ANN**
 STREET ADDRESS: **1634 FICAS POINT DR.**
 CITY-STATE-ZIP: **MELBOURNE FL 32940**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-STATE-ZIP: _____

TITLE: **SD** Delete
 NAME: **SCHNITZIUS, LORETTA**
 STREET ADDRESS: **312 JACK DR**
 CITY-STATE-ZIP: **COCOA BEACH FL 32931**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-STATE-ZIP: _____

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-STATE-ZIP: _____

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-STATE-ZIP: _____

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-STATE-ZIP: _____

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-STATE-ZIP: _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Lois Ann Mittelman* **Lois Ann Mittelman** **2/11/2007** **321-254-7722**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #