


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90096 023 \*\*\*150.00

DOCUMENT # P00000014302

1. Entity Name  
 SIXTH AVENUE PROPERTIES, INC.



Principal Place of Business  
 6701 NW 7 ST STE 125  
 MIAMI, FL 33126

Mailing Address  
 P.O. BOX 520687  
 MIAMI, FL 33126

**60028603**



2. Principal Place of Business  
 6950 NW 77 CT

3. Mailing Address  
 Suite, Apt. #, etc.

02142006 Chg-P CR2E034 (11/05)

City & State  
 MIAMI FL

City & State

4. FEI Number  
 65-1003670

Applied For  
 Not Applicable

Zip  
 33166

Country  
 MIAMI DADE

Zip  
 Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MARQUEZ, JOSE M  
 782 N.W. LEJEUNE RD., SUITE 548  
 MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6303 Blue Lagoon Dr #390

City MIAMI FL Zip Code 33166

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, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	D TERNER, SALOMON 6950 NW 77 CT MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **SALOMON TERNER, Direct.** 2/19/06 305-266-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #