SIGNATURE:

SIGNATURE AND TYPED OR

## **FILED** 2008 FOR PROFIT CORPORATION Feb 18, 2008 08:00 AN Secretary of State **ANNUAL REPORT DOCUMENT # P00000014302** SIXTH AVENUE PROPERTIES, INC. Principal Place of Business Mailing Address 6950 NW 77TH CT P.O. BOX 520687 MIAMI, FL 33166 MIAMI, FL 33126 01172008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1003670 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARQUEZ, JOSE M DO NOT WRITE 6303 BLUE LAGOON DR **SUITE 390** IN THIS SPACE MIAMI, FL 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 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE TERNER, SALOMON NAME STREET ADDRESS 6950 NW 77 CT CITY-ST-ZIP MIAMI, FL 33186 U00000830209 02/26/08-80074-009 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this king 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 occurate 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 of er lips expowered.

OF SIGNING OFFICER OR DIRECTOR