


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90025 016 ***150.00

DOCUMENT # P01533 1. Entity Name PARK AVENUE DEVELOPMENT CORPORATION	
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Principal Place of Business 535 PARK AVENUE NORTH SUITE 224 WINTER PARK, FL 32789	Mailing Address P.O. BOX 1508 WINTER PARK, FL 32790-1508
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DO NOT WRITE IN THIS SPACE

40049111



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 13-3017252	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILLIAMS, WARREN 535 N PARK AVE WINTER PARK, FL 32789

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTP UDO GARBE Garbe, Udo P.O. BOX 1508 WINTER PARK, FL 327901508
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARBE, UDO P.O. BOX 1508 WINTER PARK, FL 327901508
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARBE, BERNHARD P.O. BOX 1508 WINTER PARK, FL 327901508
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS GARBE, ANGELIKA P.O. BOX 1508 WINTER PARK, FL 327901508
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS CHU, ANDREW P.O. BOX 1508 WINTER PARK, FL 327901508
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Udo Garbe  **3/27/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #