

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000115983

1. Entity Name

PARK AVENUE JEWELRY & LOAN INC.



Principal Place of Business

331 CLEMATIS ST.
WEST PALM BEACH, FL 33401

Mailing Address

331 CLEMATIS ST.
WEST PALM BEACH, FL 33401



02062008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3341854

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAXMAN, JOHN T. ESQ.
1832 N. DIXIE HWY
LAKE WORTH, FL 33460

**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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME DIAMENT, SCOTT
STREET ADDRESS 331 CLEMATIS ST.
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE D
NAME SAMUELS, ARTHUR
STREET ADDRESS 331 CLEMATIS ST.
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE D
NAME SAMUELS, ROBERT
STREET ADDRESS 331 CLEMATIS ST.
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000835050
02/29/08-80019-005 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/08