## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 06, 2005 08:00 AM

	74411471				P-	-,	
DOCUMENT # 498160  1. Entity Name PARK AVENUE ENTERPRISES, INC.					Sec	retary	of State
Principal Place of Business 358 FITZHUGH ROAD P.O. BOX 1484 WINTER PARK, FL 32792		Mailing Address 358 FITZHUGH ROAD P.O. BOX 1484 WINTER PARK, FL 32792		 	<b>1</b> /11 1931/ 53/6 <b>1</b> 1/1/5 1/1/1	DENIA DINA DINA MENIA	
E	OO NOT WRITE	CE	03162005 4. FEI Number 59-1647 5. Certificate of	646	CR2E034 (1		
216 PARK WINTER F	PARK, FL 32789			IN T	NOT W	ACE	
the obligat	e named entity submits this statement for the tions of registered agent.  Signature, typed or printed name of registered agent and the tions of the	d Agent signature required		in the State of Flor	DATE	r with, and accept	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STRINGER, JESS L. 358 FITZHUGH RD. WINTER PARK, FL	RECTORS		100			nero seu con
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STRINGER,NANCY M. 358 FITZHUGH RD. WINTER PARK, FL				U00000 04/06/05-6	289925 50046-009	150.00
TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS		DO NOT WRITE IN THIS SPACE					
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP							ESPANA AS Missonana alla la la como vol

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Date

Date

Date

Date

Description 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:

Date

Date

Date

Date

Date

Description of the certify that the information indicated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report is true and accurate 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:

Date

D

NAME STREET ADDRESS CITY-ST-ZIP