

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01533

Entity Name: PARK AVENUE DEVELOPMENT CORPORATION**Current Principal Place of Business:**535 PARK AVENUE NORTH
SUITE 224
WINTER PARK, FL 32789**Current Mailing Address:**P.O. BOX 1508
WINTER PARK, FL 32790-1508**FEI Number:** 13-3017252**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMS, WARREN
535 PARK AVENUE NORTH
SUITE 224
WINTER PARK, FL 32789 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title PRESIDENT-ASST SECRETARY-
TREASURER

Name GARBE, UDO

Address 535 PARK AVENUE NORTH
SUITE 224

City-State-Zip: WINTER PARK FL 32789

Title VICE PRESIDENT - ASST SECRETARY

Name GARBE, ANGELIKA

Address 535 PARK AVENUE NORTH
SUITE 224

City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR

Name WILLIAMS, WARREN E

Address 535 PARK AVENUE NORTH
SUITE 224

City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR

Name GARBE, UDO

Address P.O. BOX 1508

City-State-Zip: WINTER PARK FL 32790-1508

Title VICE PRESIDENT-SECRETARY-ASST
TREASURER

Name WILLIAMS, WARREN E

Address 535 PARK AVENUE NORTH
SUITE 224

City-State-Zip: WINTER PARK FL 32789

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: UDO GARBE**DIRECTOR****04/18/2017**

Electronic Signature of Signing Officer/Director Detail

Date