# DOCUMENT# P01533

## Entity Name: PARK AVENUE DEVELOPMENT CORPORATION

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

# 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

#### Name and Address of Current Registered Agent:

WILLIAMS, WARREN 535 N PARK AVE WINTER PARK, FL 32789 US Certificate of Status Desired: No

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

## Officer/Director Detail :

| Oncendrector Detail. |                           |                 |                           |
|----------------------|---------------------------|-----------------|---------------------------|
| Title                | ASTP                      | Title           | D                         |
| Name                 | GARBE, UDO                | Name            | GARBE, UDO                |
| Address              | P.O. BOX 1508             | Address         | P.O. BOX 1508             |
| City-State-Zip:      | WINTER PARK FL 32790-1508 | City-State-Zip: | WINTER PARK FL 32790-1508 |
| Title                | VPS                       |                 |                           |
| Name                 | GARBE, ANGELIKA           |                 |                           |
| Address              | P.O. BOX 1508             |                 |                           |
| City-State-Zip:      | WINTER PARK FL 32790-1508 |                 |                           |
|                      |                           |                 |                           |

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 | ASTPD |
|----------------------|-------|
|----------------------|-------|

04/30/2014

Date

Date

# FILED Apr 30, 2014 Secretary of State CC1972527031

Electronic Signature of Signing Officer/Director Detail