


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Aug 01, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000003084</b> 1. Entity Name 176 ASSOCIATES, INC.																																																																																																																																			
Principal Place of Business 15 EAST 40TH STREET NEW YORK NY 10016-0401			Mailing Address 15 EAST 40TH STREET NEW YORK NY 10016-0401																																																																																																																																
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5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																																																																																																															
6. Name and Address of Current Registered Agent  <b>COOK, JOHN F ESQ.</b> <b>2033 WOOD STREET, SUITE 220</b> <b>SARASOTA FL 34237</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																																																																																																																															
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 _____ (NOTE: Registered Agent signature required when translating) DATE _____																																																																																																																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>																																																																																																																																			
9. Election Campaign Financing <b>\$5.00</b> May Be Added to Fees <input type="checkbox"/> Trust Fund Contribution.																																																																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;">           PSTC            GARROW, VINCENT            15 EAST 40TH STREET            NEW YORK NY 10016-0401         </td> <td style="width: 10%; padding: 5px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;"></td> <td style="width: 10%; padding: 5px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px; 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12. I hereby certify that the information supplied with this filing 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																																																																																																																																			
<b>SIGNATURE:</b> <u>Vincent Garrow (VINCENT GARROW)</u> 7/27/05																																																																																																																																			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																																			



1st MOORE CR2E034 (10/04)

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City <b>FL</b> Zip Code	

9. Election Campaign Financing **\$5.00** May Be Added to Fees ☐ Trust Fund Contribution.

U00000375296  
08/01/05-80012-019 550.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

Date Daytime Phone #