2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F90530

1. Entity Name

10TH AVENUE CORPORATION



FILED Mar 18, 2004 8:00 am Secretary of State

03-18-2004 90006 015 ***150.00

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Principal Plac		Mailing Address		1							
406 XANADU PLACE JUPITER FL 33477			406 XANADU	406 XANADU PLACE JUPITER FL 33477			54019186				
2. Principal P	Place of Business	<u></u>	3. Mailing Addre	Mailing Address							
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Suite, Apt.	. #, etc.	. "	Suite, Apt. #, (Suite, Apt. #, etc.			MOORE CR2E034 (11/03)				
City & Stat	te		City & State	City & State			59-22643	74		plied For t Applicable	
Zip		Country	Zip	Zip Country		5. Certificate of Status Desired					
	6. Name an	d Address of Cu	rrent Registered Agent	egistered Agent			7. Name and Address of New Registered Agent				
			Name								
PREZANT, HERBERT 406 XANADU PL					Street Address (P.O. Box Number is Not Acceptable)						
JUP	PITER FL 33	477		_			•				
				City				FL	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 Signature. Hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE											
elvscene West an	anganya ay terrega	Later & infreshments	\$50.00 X\$4.00 X								
Afte	FEE IS \$150.00 Fee will be \$550 lorida Departme).00		1	9. Election Campaign in Trust Fund Contribut		\$5.0 Added	O May Be to Fees			
10.	Marketin Control of the Control of the	OFFICERS	AND DIRECTORS	11.		ADDI	ITIONS/CHANGES TO OI	FFICERS AND D	DIRECTORS	S IN 11	
TITLE	PD	•		elete TITI	LE				Change	Addition	
NAME	PREZANT, HE	RBERT		NA?	ME						
STREET ADDRESS	406 XANADU	PL		STF	EET ADDRESS						
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CITY-ST-ZIP					Y-ST-ZIP						
12 Lharahy	cortify that the in	formation avandio	d with this filing does not	avalify for the ave		7	0.07(0)(1) 51 11 61 11	. 1.5 . (1			

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 oe 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:

SCHATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-04

561-575-4111

Daytime Phone #