2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

of the corporation or the rece changed, or on an attachmen

SIGNATURE:

Apr 21, 2005 08:00 AM Secretary of State DOCUMENT # F90530 1. Entity Name 10TH AVENUE CORPORATION Principal Place of Business Mailing Address 406 XANADU PLACE JUPITER FL 33477 406 XANADU PLACE JUPITER FL 33477 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-2264374 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PREZANT, HERBERT Street Address (P.O. Box Number is Not Acceptable) 406 XANÁDU PL JUPITER FL 33477 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, typed or priving name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 met Delete THE Change Addition U00000319716 PREZANT, HERBERT NAME NAME 04/21/05-80007-025 150.00 STREET ADDRESS 406 XANADU PL STREET ADDRESS JUPITER FL City St-210 CITY-ST-ZIP mu Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP DILL Delete TIDE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TULE Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE ☐ Delete Change Addition HAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP 1000 Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS C11Y - ST - ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my eignature 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

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