

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # G16980

1. Entity Name
SECOND AVENUE REALTY CORPORATION



Principal Place of Business
**P.O. BOX 561
ARNOLD, MD 21012**

Mailing Address
**P.O. BOX 561
ARNOLD, MD 21012**

DO NOT WRITE IN THIS SPACE



04102008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2245433

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**EVELYN F. PARKES, CPA, P.A.
420 CLEMATIS STREET
2ND FLOOR
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

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 **DEMETRIOS N. ATHANS**

4/10/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ATHANS, DEMETRIOS N
STREET ADDRESS	485 JOYCE LANE
CITY-ST-ZIP	ARNOLD, MD 21012
TITLE	V
NAME	ATHANS, IRENE
STREET ADDRESS	C/O 1740 OCEAN BLVD.
CITY-ST-ZIP	PALM BEACH, FL
TITLE	ST
NAME	KIRATSOS, ELAINE
STREET ADDRESS	1740 S. OCEAN BLVD.
CITY-ST-ZIP	PALM BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000899073
04/23/08-90091-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/08 410 647-7576

DEMETRIOS N. ATHANS