


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90080 030 \*\*\*150.00

**DOCUMENT # J72007**

1. Entity Name  
 1940 PARK AVENUE, INC.



Principal Place of Business      Mailing Address  
 1940 PARK AVE M. BEACH      1940 PARK AVE M. BEACH  
 100      100  
 MIAMI, FL 33139      MIAMI, FL 33139

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

04062006    Chg-P    CR2E034 (11/05)

**40047021**



4. FEI Number      Applied For  
 59-2798180      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 GREER, EVELYN LANGLIEB  
 2400 SOUTH DIXIE HWY.  
 SUITE #200  
 MIAMI, FL 33133

**7. Name and Address of New Registered Agent**  
 Name: Adrian Alexandru  
 Street Address (P.O. Box Number is Not Acceptable):  
1940 Park Ave  
 City: Miami Beach      FL      Zip Code: 33139

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] - ADRIAN ALEXANDRU      4-10-06      DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	<input type="checkbox"/> Delete
NAME	ALEXANDRU, ADRIAN	
STREET ADDRESS	689-86 STREET	
CITY-ST-ZIP	BROOKLYN, NY 11228	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alexandru, Adrian	
STREET ADDRESS	1940 Park Ave	
CITY-ST-ZIP	Miami Beach FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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] - ADRIAN ALEXANDRU      4-10-06      305-531-5577      DATE      Daytime Phone #

**ADRIAN ALEXANDRU**