


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90117 008 ***158.75

DOCUMENT # K60266 1. Entity Name FIFTH AVENUE ASSOCIATES, INC.					
Principal Place of Business 400 SE FIFTH AVE, #604 BOCA RATON, FL 33432			Mailing Address 400 SE FIFTH AVE, #604 BOCA RATON, FL 33432		
2. Principal Place of Business 55 NE FIFTH AVE		3. Mailing Address 55 NE FIFTH AVE			
Suite, Apt. #, etc. SUITE 402		Suite, Apt. #, etc. SUITE 402			
City & State BOCA RATON, FL		City & State BOCA RATON, FL			
Zip 33432		Country USA		4. FEI Number 65-0098930	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HADDAD, CALVIN C. 400 SE FIFTH AVE, #604 BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name HADDAD, CALVIN C. Street Address (P.O. Box Number is Not Acceptable) 55 NE FIFTH AVE SUITE 402 City BOCA RATON FL Zip Code 33432		
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: <i>Calvin Haddad</i> (NOTE: Registered Agent signature required when reinstating) DATE: 1/19/06					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME HADDAD, CALVIN STREET ADDRESS 400 SE 5TH AVE, #604 CITY-ST-ZIP BOCA RATON, FL 33432	<input type="checkbox"/> Delete		TITLE PD NAME HADDAD, CALVIN STREET ADDRESS 55 NE FIFTH AVE - SUITE 402 CITY-ST-ZIP BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD NAME HADDAD, BEBETTE STREET ADDRESS 400 SE 5TH AVE, #604 CITY-ST-ZIP BOCA RATON, FL 33432	<input type="checkbox"/> Delete		TITLE STD NAME HADDAD, BEBETTE STREET ADDRESS 55 NE FIFTH AVE - SUITE 402 CITY-ST-ZIP BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Calvin Haddad</i>			DATE: 1/19/06 (212) 683-4444		