


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90111 049 ***158.75

DOCUMENT # K60266		
1. Entity Name FIFTH AVENUE ASSOCIATES, INC.		

Principal Place of Business 55 NE FIFTH AVE. SUITE 402 BOCA RATON, FL 33432	Mailing Address 55 NE FIFTH AVE. SUITE 402 BOCA RATON, FL 33432
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01162007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0098930	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
HADDAD, CALVIN C. 55 N.E. FIFTH AVE. SUITE 402 BOCA RATON, FL 33432	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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, 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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HADDAD, CALVIN 55 N.E. FIFTH AVE., STE. 402 BOCA RATON, FL 33432 <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	STD HADDAD, BEBETTE 55 N.E. FIFTH AVE., STE. 402 BOCA RATON, FL 33432 <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
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:  **CALVIN HADDAD** 1/19/07 (561) 392-3696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
40004902

Fifth Avenue Associates, Inc.

55 N.E. Fifth Ave., Suite 401
Boca Raton, FL 33432
561-392-7256 (Tel) – 561-392-3693 (Fax)

January 18, 2007

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: *Fifth Avenue Associates, Inc.*
Document #K60266

Dear Sir or Madam:

Enclosed please find our check # 1397 in the amount of \$158.75 paying the **Annual Report** for 2007 for the above-referenced document number.

Included in our payment is \$8.75 as the additional fee required for you to forward a **Certificate of Status Desired** (No. 5).

Please be kind enough to forward said Certificate to the following address as indicated within box #7 of the **Annual Report**:

Fifth Avenue Associates, Inc.
C/o Calvin C. Haddad
55 N.E. Fifth Ave., Suite 401
Boca Raton, FL 33432

Very truly yours,

FIFTH AVENUE ASSOCIATES, INC.


Calvin C. Haddad

CCH/cp
Encl.