2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L08748

Title:

Name:

Address:

City-St-Zip:

FILED Mar 21, 2009 Secretary of State

Entity Nan	ne: FIFTH AVE	NUE ART GALLERY, INC.					
Current Pr	incipal Place o	of Business:	New Princ	New Principal Place of Business:			
1470 HIGH MELBOUR	LAND AVE NE, FL 32935	US					
Current Ma	ailing Address	:	New Maili	New Mailing Address:			
	LAND AVE. NE, FL 32935	US					
FEI Number:	59-2966570	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
STE 306	EL E ESQ CKHAM ROAD NE, FL 32940		360 N BAB	BOYD, JOEL E ESQ 360 N BABCOCK STREET MELBOURNE, FL 32935 US			
The above in the State		ıbmits this statement for the pu	urpose of changing i	ts registered o	ffice or registered agent, or	both,	
SIGNATUR	RE:			03/21/2009			
	Electronic	Signature of Registered Ager	nt		Date		
Election Cam	npaign Financing	Trust Fund Contribution ().					
OFFICERS	AND DIRECT	ORS:	ADDITION	S/CHANGES	TO OFFICERS AND DIREC	CTORS:	
Title: Name: Address: City-St-Zip:	P () C NEWMAN, MARL 335 S. LAKESIDE SATELLITE BEAC	DRIVE	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	TSAMOUTALES, 2293 VENETIA PI INDIALANTIC, FL	LACE 32903	Title: Name: Address: City-St-Zip:	SHANNON, KAY 5149 WEXFOR ROCKLEDGE, I	D DROVE FL 32955		
Title: Name: Address: City-St-Zip:	T () E MITTLEMAN, LOI 1634 FICUS POIN MELBOURNE, FL	NT DR.	Title: Name: Address: City-St-Zip:	()	Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above or an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: LOIS MITTLEMAN Τ 03/21/2009

() Delete

SCHNITZIUS, LORETTA

COCOA BEACH, FL 32931

312 JACK DR

() Change () Addition