


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90019 002 ***158.75

DOCUMENT # M16211 1. Entity Name SECOND AVENUE CORPORATION					
Principal Place of Business 3030 ROSEWOOD COURT DAVIE, FL 33328			Mailing Address 3030 ROSEWOOD COURT DAVIE, FL 33328		
2. Principal Place of Business 7050 NE 2nd Avenue		3. Mailing Address 18926 NW 56th Court			
<input checked="" type="checkbox"/> Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami, FL		City & State Opa Locka, FL		4. FEI Number 65-0256156	
Zip 33138		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33138		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAUL, JAMES P 3030 ROSEWOOD COURT DAVIE, FL 33328			7. Name and Address of New Registered Agent Name Napoleon, Betsy F. Street Address (P.O. Box Number is Not Acceptable) 18926 NW 56th Court City Opa Locka FL Zip Code 33055		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 NAME STREET ADDRESS CITY-ST-ZIP	PDTS PAUL, JAMES P 3030 ROSEWOOD COURT DAVIE, FL 33328		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Napoleon, Johnson 18926 NW 56 Court Opa Locka, FL 33055	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAUL, JOHN E 3030 ROSEWOOD COURT DAVIE, FL 33328		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Napoleon, Betsy F. 18926 NW 56 Court Opa Locka, FL 33055	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1/31/06 Daytime Phone # _____		