


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P0000065712

1. Entity Name
43RD AVENUE TRADE CENTER, INC.



Principal Place of Business Mailing Address
3100 43RD AVE **3100 43RD AVE**
VERO BEACH FL 32960 **VERO BEACH FL 32960**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State

4. FEI Number Applied For
65-1026326 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

SULLIVAN, CHARLES A SR
3100 43RD AVENUE
VERO BEACH FL 32960

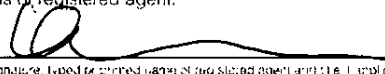
7. Name and Address of New Registered Agent

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  DATE **1/28/08**

Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature requires when registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SULLIVAN, CHARLES A JR	
STREET ADDRESS	3100 43RD AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SULLIVAN, MICHAEL A	
STREET ADDRESS	3100 43RD AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SULLIVAN, KATHLEEN R	
STREET ADDRESS	3100 43RD AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RADFORD, PATRICIA S	
STREET ADDRESS	3100 43RD AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32960	
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		<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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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02/08/08-80034-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  director DATE: **1/28/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, the Month, and Year