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2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 MAY 13 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
500040935

DOCUMENT # P00000069736

1. Entity Name
210 NE 6 AVENUE CORP.

Principal Place of Business	Mailing Address
955 BOLENDER DRIVE DELRAY BEACH, FL 33483	955 BOLENDER DRIVE DELRAY BEACH, FL 33483

04142005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	P.O. Box 8049
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: DELRAY BEACH FL
Zip / Country	Zip: 33482 Country: USA

4. FEI Number: 65-1025525 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
F. ANDREWS TAINTOR 5051 CASTELLO DRIVE SUITE 5 NAPLES, FL 34103	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P WILSON, PATRICIA M 955 BOLENTINE DR. DELRAY BEACH, FL 33483	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O ROSS, DAVID 348 OCEAN BLVD. DELRAY BEACH, FL 33483	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Patricia M. Wilson PATRICIA M. WILSON 4/13/05 (561) 279-1850 #1150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #