

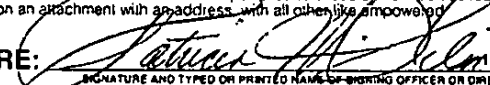
2005 FOR PROFIT CORPORATION ANNUAL REPORT

04-20-2005 90354 016 ***150.00
P00000069736

FILED

05 MAY 13 AM 11:53

SECRETARY OF STATE
TALLAHASSEE **50040935A**

DOCUMENT # P00000069736			
1. Entity Name 210 NE 6 AVENUE CORP.			
Principal Place of Business 955 BOLENDER DRIVE DELRAY BEACH, FL 33483		Mailing Address 955 BOLENDER DRIVE DELRAY BEACH, FL 33483	
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	Country
33483	USA	33483	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 F. ANDREWS TAINTOR 5051 CASTELLO DRIVE SUITE 5 NAPLES, FL 34103		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 _____ 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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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 (Seal) 279-1850 #1150 4/15/05 Date Davine Phone	