

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90248 020 ***150.00

DOCUMENT # P01000054272

1. Entity Name
NEW YORK AVENUE HOLDINGS, INC.



Principal Place of Business
**C/O RICHARD A. SCHLOSSER
500 E KENNEDY BLVD, STE 200
TAMPA, FL 33602**

Mailing Address
**C/O RICHARD A. SCHLOSSER
500 E KENNEDY BLVD, STE 200
TAMPA, FL 33602**

40091124



05032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1862373

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHLOSSER, RICHARD A
500 E KENNEDY BLVD, STE 200
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KECHIJIAN, ARTHUR E
STREET ADDRESS	5904 CABELL VIEW CT
CITY-ST-ZIP	CHARLOTTE, NC 28277
TITLE	SVP
NAME	AUSTIN, LARRY E
STREET ADDRESS	6611 COLSTON CT
CITY-ST-ZIP	CHARLOTTE, NC 28210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

5-3-06 704-543-3800
Date Daytime Phone #

Arthur E. Kechikian, President