

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01533

FILED  
Apr 21, 2011  
Secretary of State

**Entity Name:** PARK AVENUE DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

535 PARK AVENUE NORTH  
SUITE 224  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1508  
WINTER PARK, FL 327901508

**New Mailing Address:**

**FEI Number:** 13-3017252

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, WARREN  
535 N PARK AVE  
WINTER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: ASTP  
Name: GARBE, UDO  
Address: P.O. BOX 1508  
City-St-Zip: WINTER PARK, FL 327901508

Title: D  
Name: GARBE, UDO  
Address: P.O. BOX 1508  
City-St-Zip: WINTER PARK, FL 327901508

Title: VP  
Name: GARBE, BERNHARD  
Address: P.O. BOX 1508  
City-St-Zip: WINTER PARK, FL 327901508

Title: VPS  
Name: GARBE, ANGELIKA  
Address: P.O. BOX 1508  
City-St-Zip: WINTER PARK, FL 327901508

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: UDO GARBE

D

04/21/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date