2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE AND TYPED OR PRINTED NAME OF

Feb 01, 2006 08:00 AM Secretary of State DOCUMENT # P02000022043 1. Entity Name 5TH AVE. TELECOM, INC. Principal Place of Business Mailing Address 9772 VINEYARD CT BOCA RATON FL 33428 9772 VINEYARD CT **BOCA RATON FL 33428** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 02-0553159 Not Applicable Zιρ Country Country ZID \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAGE, TERRY 9772 VINEYARD CT Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33428** City 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. 1 am familiar with, and accept the obligations of registered agent, SIGNATURE Signature, typera or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. П Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 TITLE Delete TITLE ☐ Change Addition LAGE, TERRY NAME MANAF STREET ADDRESS 9772 VINEYARD CT STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33428** CITY-ST-ZIP <u> 150.00</u> TITLE ☐ Delete THE ☐ Change Addition MARKE MANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7/P TITLE Oelete THE ☐ Additi... ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7/P CITY-ST-ZIP TITLE ☐ Delele TiTLE ☐ Change ☐ Adding NAME MAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change A. in: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete HILE THE ☐ Change A. A. NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes 1 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 direction 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 fixe empowered

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