

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 16, 2004 8:00 am**  
**Secretary of State**

08-16-2004 90014 001 \*\*\*150.00

**DOCUMENT # P02000054534**

1. Entity Name  
THIRD AVENUE INVESTORS, INC.



Principal Place of Business  
ONE SE THIRD AVE STE 2240  
MIAMI, FL 33131

Mailing Address  
ONE SE THIRD AVE STE 2240  
MIAMI, FL 33131

44051914

2. Principal Place of Business  
2500 WESTON ROAD  
Suite, Apt. #, etc. # 302  
City & State WESTON, FL  
Zip 33331 Country USA

3. Mailing Address  
2500 WESTON ROAD  
Suite, Apt. #, etc. # 302  
City & State WESTON, FL  
Zip 33331 Country USA



08122004 Chg-P CR2E034 (10/03)

4. FEI Number  
04-3664498

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
MESSING, ELLIOT  
ONE SE THIRD AVE STE 2240  
MIAMI, FL 33131

7. Name and Address of New Registered Agent  
Name ELLIOTT MESSING  
Street Address (P.O. Box Number is Not Acceptable)  
2500 WESTON ROAD # 302  
City WESTON FL Zip Code 33331

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 *Elliot Messing* DATE 8/13/04

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  
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MESSING, ELLIOT 1 SE 3RD AVE #2240 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2500 WESTON ROAD #302 WESTON, FL 33331 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Elliot Messing, President* DATE 8/13/04 DAYTIME PHONE 954-389-5515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR