

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 20, 2004 8:00 am
Secretary of State

09-20-2004 90003 016 ***150.00

DOCUMENT # P03000070229

1. Entity Name
1049 FIFTH AVE 14A, INC.



Principal Place of Business
411 LYCHEE ROAD
NOKOMIS, FL 34275

Mailing Address
411 LYCHEE ROAD
NOKOMIS, FL 34275

54073236

2. Principal Place of Business

3. Mailing Address
22232 Wood born DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09132004

Chg-P

CR2E034 (10/03)

City & State

City & State
Boca Raton FL

4. FEI Number
20-1633358

Applied For

Not Applicable

Zip

Country

Zip

33428

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

COMERFORD, KATHLEEN
411 LYCHEE ROAD
NOKOMIS, FL 34275

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE P ☐ Delete
NAME COMERFORD, KATHLEEN
STREET ADDRESS 411 LYCHEE ROAD
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE VP ☐ Delete
NAME CUBERO, RAYMOND
STREET ADDRESS 411 LYCHEE ROAD
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/16/04

Date

Daytime Phone #

Attachment
J MULLIN TAX SERVICE, INC.
22232 WOODBORN DRIVE
BOCA RATON, FLORIDA 33428
561-218-1768

57073236

September 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: 1049 FIFTH AVE 14A, INC..
Doc. #P03000070229

Dear Sir or Madam:

Please accept the enclosed check of \$150.00 as the filing fee for the above corporation's 2004 Annual Report filing fee.

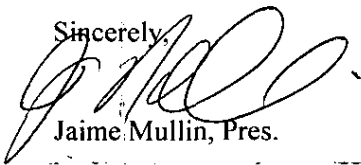
The above corporation's previous accounting firm never informed the corporate owner that this fee was due and owing to the State of Florida.

We are correcting that problem by having our address listed as the mailing address, so this problem will not occur in the future.

The properly filled out Annual Report form is also enclosed and signed by the corporate representative.

Thank you for your assistance in this matter.

Sincerely,


Jaime Mullin, Pres.