2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2005
Secretary of State

DOCUMENT# P03000070229

Entity Name: 1049 FIFTH AVE 14A, INC.

Current Principal Place of Business:

411 LYCHEE ROAD
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

22232 WOODBURN DR
BOCA RATON, FL 33428

New Mailing Address:

411 LYCHEE ROAD
NOKOMIS, FL 34275

FEI Number: 20-1633358 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COMERFORD, KATHLEEN
411 LYCHEE ROAD
NOKOMIS, FL 34275 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COMERFORD, KATHLEEN
Address: 411 LYCHEE ROAD
City-St-Zip: NOKOMIS, FL 34275

Title: VP (X) Delete
Name: CUBERO, RAYMOND
Address: 411 LYCEE ROAD
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KATHLEEN COMERFORD P 02/13/2005

Electronic Signature of Signing Officer or Director — Date