


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 13, 2004 8:00 am
Secretary of State

08-23-2004 90015 024 ***150.00

DOCUMENT # P03000075358	
1. Entity Name 180 RESTORATION AVENUE, INC.	

Principal Place of Business 17588 ASHBOURN LANE BOCA RATON FL 33496	Mailing Address 17588 ASHBOURN LANE BOCA RATON FL 33496
---	---

66433464



MOORE CR2E034 (4/04)

2. Principal Place of Business Clo Accordi Standee LLC Suite, Apt. #, etc. 2240 Woodbriar Rd #317 City & State Bayton Beach, FL Zip 33426 Country USA	3. Mailing Address Clo Accordi Standee LLC Suite, Apt. #, etc. 2240 Woodbriar Rd #317 City & State Bayton Beach, FL Zip 33426 Country USA
--	--

4. FEI Number 20-0151778	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BELKIN & ASSOCIATES, P.A. 1489 W. PALMETTO PARK RD., STE. 497 BOCA RATON FL 33486	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME ROSENBERG, WILLIAM STREET ADDRESS 17588 ASHBOURN LANE CITY-ST-ZIP BOCA RATON FL 33496	<input type="checkbox"/> Delete	TITLE Clo Accordi Standee LLC NAME 2240 Woodbriar Rd STREET ADDRESS Bayton Beach, FL 33426 CITY-ST-ZIP #317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MILLER, STEVE STREET ADDRESS 17588 ASHBOURN LANE CITY-ST-ZIP BOCA RATON FL 33496	<input type="checkbox"/> Delete	TITLE 1321 NE 27th Terrace NAME Pompano Beach, FL 33062 STREET ADDRESS 33062 CITY-ST-ZIP	<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
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

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 reports 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: _____ **8/16/04 561-289-2900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Attachment

66433464

ACCARDISTANDLEE LLC
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

September 1, 2004

Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, FL 32314

Re: 180 Restoration Avenue, Inc. (Document Number: P03000075358)

Dear Sir or Madam,

We are the accountants for the above referenced taxpayer and have been asked to respond to the following matter.

Enclosed please find a completed 2004 For Profit Corporation Annual Report and a check in the amount of \$150.00. We are respectfully requesting an abatement of the late filing penalty for cause. The officers, since it was their first year incorporated, did not understand their filing requirement nor did they receive.

We appreciate your attention in this matter.

Sincerely,


Stacey L. Accardi, CPA



ACCORDISTANDLEE LLC
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

Attachment
66433464

August 10, 2004

Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, FL 32314

Re: 180 Restoration Avenue, Inc. Document Number: P03000075358

Dear Sir or Madam,

We are the accountants for the above referenced taxpayer and have been asked to respond to the following matter.

Enclosed please find a completed 2004 For Profit Corporation Annual Report and a check in the amount of \$150.00. We are respectfully requesting an abatement of the late filing penalty for cause. The officers, since it was their first year incorporated, did not understand their filing requirement.

We appreciate your attention in this matter.

Sincerely,


Stacey L. Accardi, CPA

BY APPOINTMENT ONLY

4400 PGA Boulevard
Suite 700
Palm Beach Gardens, FL 33410

2385 Executive Center Dr.
Suite 100
Boca Raton, FL 33431

MAIN OFFICE

2240 Woolbright Road
Suite 317
Boynton Beach, FL 33426
(561) 740-0115 Telephone
(561) 423-0379 Facsimile