

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000114938	
1. Entity Name 5TH AVENUE NORTH, INC.	
Principal Place of Business 1206 KINGS WAY NAPLES, FL 34104	Mailing Address 1206 KINGS WAY NAPLES, FL 34104



03142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 86-1083582	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ZAINO, GREGORY P 1206 KINGS WAY NAPLES, FL 34104	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature of, typed or printed name of registered agent and firm if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ZAINO, GREGORY P 1206 KINGS WAY NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ZAINO, ROBERTO J SR 6672 HUNTLEY LANE NORTH NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/21/05-80084-002 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ **3/15/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #