2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 10, 2007 08:00 All Secretary of State

ANNUAL REPORT		
DOCUMENT # PO 1. Entity Name SECOND AVENUE PROP		
Principal Place of Business	Mailing Address	
3377 SW 2ND AVENUE FORT LAUDERDALE, FL 33315	3377 SW 2ND AVENUE FORT LAUDERDALE, FL 33315	,

04062007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0921774 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EISENSMITH, JEFFREY R ESQ DO NOT WRITE ONE FINANCIAL PLAZA SUITE 1600 FORT LAUDERDALE, FL 33394 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS NAME BAUM, STEVEN M 3377 SW 2ND AVENUE STREET ADDRESS U00000696987 04/18/07-80021-022 150.00 FORT LAUDERDALE, FL 33315 CITY-ST-ZIP TITLE STRAUSS, TERRI STREET ADDRESS 3377 SW 2ND AVENUE CITY-ST-ZIP FORT LAUDERDALE, FL 33315 TITLE LAFAUCI, PAUL A STREET ADDRESS 3377 SW 2ND AVENUE DO NOT WRITE FORT LAUDERDALE, FL 33315 CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

BIGMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-463-4 Date Daytime Phone # 230