

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # P04000048123

1. Entity Name
SECOND AVENUE PROPERTIES, INC.



Principal Place of Business
**3377 SW 2ND AVENUE
FORT LAUDERDALE, FL 33315**

Mailing Address
**3377 SW 2ND AVENUE
FORT LAUDERDALE, FL 33315**



04022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0921774	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**EISENSMITH, JEFFREY R ESQ
ONE FINANCIAL PLAZA SUITE 1600
FORT LAUDERDALE, FL 33394**

**DO NOT WRITE
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 _____

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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**000000883408
04/17/08-80002-018 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAUM, STEVEN M 3377 SW 2ND AVENUE FORT LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STRAUSS, TERRI 3377 SW 2ND AVENUE FORT LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAFauci, PAUL A 3377 SW 2ND AVENUE FORT LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/08 954-463-4307
Date Daytime Phone # **X302**