

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000086350

1. Entity Name
502 PARK AVENUE, INC.



Principal Place of Business
C/O NEWPORT PROPERTY VENTURES, LTD.
3211 PONCE DE LEON BLVD STE 202
CORAL GABLES, FL 33134

Mailing Address
C/O NEWPORT PROPERTY VENTURES, LTD.
3211 PONCE DE LEON BLVD STE 202
CORAL GABLES, FL 33134



03232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3003860	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVENSON, FRED ESQ
200 SOUTH BISCAYNE BLVD STE 4900
MIAMI, FL 33131

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RODRIGUEZ, ALEXANDER E
STREET ADDRESS	3211 PONCE DE LEON BLVD STE #202
CITY-ST-ZIP	CORAL GABLES, FL 33134

TITLE	D
NAME	RODRIGUEZ, CYNTHIA
STREET ADDRESS	3211 PONCE DE LEON BLVD STE #202
CITY-ST-ZIP	CORAL GABLES, FL 33134

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/26/07-80103-001 150.00

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Constantine Scurtis

Date

Daytime Phone #

4/17/07 305-446-0010