


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

**DO NOT WRITE IN THIS SPACE**



03232007      No Chg-P      CR2E034 (11/05)

4. FEI Number <b>20-3003860</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, ALEXANDER E 3211 PONCE DE LEON BLVD STE #202 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, CYNTHIA 3211 PONCE DE LEON BLVD STE #202 CORAL GABLES, FL 33134
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000713762  
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 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 another like empowered.

**SIGNATURE:**       **Constantine Scurtis**      4/17/07      305-446-0010  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #