

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

174  
**FILED**  
**Apr 28, 2008 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



01182008 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 ☐ \$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

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

U000000930956  
05/21/08-80130-003 1288.75

**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	
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

Constantine J. Scurtis 2/19/08

Date

Daytime Phone #