

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000016515

1. Entity Name
439 S. FLORIDA AVENUE, INC.



Principal Place of Business
943 CLINT MORE RD.
BOCA RATON, FL 33487

Mailing Address
943 CLINT MORE RD.
BOCA RATON, FL 33487



04182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0393048

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERSON, GERALD S
943 CLINT MOORE RD.
BOCA RATON, FL 33487

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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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	BERSON, GERALD S
STREET ADDRESS	943 CLINT MOORE ROAD
CITY-ST-ZIP	BOCA RATON, FL
TITLE	S
NAME	AMODIA, LOUIS G
STREET ADDRESS	170 BARBOVE RD
CITY-ST-ZIP	NEW BRITAIN, CT
TITLE	T
NAME	AMODIO, JOHN A
STREET ADDRESS	111 OAKWOOD DR.
CITY-ST-ZIP	NEW BRITAIN, CT
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000320018
04/21/05-80019-025 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

4/19/05 561-997-0045
Daytime Phone #