


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000034539
 1. Entity Name
 ONE HUNDRED AND TENTH AVENUE PROPERTY, INC.



Principal Place of Business Mailing Address
 1955 NW 110TH AVE 1955 NW 110TH AVE
 MIAMI, FL 33172 MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE



02152005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0497748 Not Applicable

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

6. Name and Address of Current Registered Agent
 RICHARD GONZALEZ
 1955 N.W. 110 AVE.
 MIAMI, FLA
 MIAMI, FL 33172

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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, 2005 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RICHARD GONZALEZ
STREET ADDRESS	1955 N.W. 110 AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	T
NAME	AMY GONZALEZ
STREET ADDRESS	1955 N.W. 110 AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	DV
NAME	GONZALEZ, RICHARD
STREET ADDRESS	%1955 NW 110TH AVE
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	DS
NAME	GONZALEZ, AMY
STREET ADDRESS	%1955 NW 110TH AVE
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/18/05-80045-005 150.00

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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 another, like empowered.

SIGNATURE:  2/16/05 (305) 525-1456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #