


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000074386  
 1. Entity Name  
 5051 N.W. 37 AVENUE CORP.



Principal Place of Business - Mailing Address  
 39 NW 166TH ST. 39 NW 166TH ST.  
 #5 #5  
 MIAMI, FL 33169 US MIAMI, FL 33169 US

**DO NOT WRITE IN THIS SPACE**



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0537543 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
 GREEN, AVROHOM  
 39 NW 166TH ST. STE. 3  
 MIAMI, FL 33169

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

**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	D
NAME	GREEN, ABRAHAM
STREET ADDRESS	3630 FLAMINGO DRE., 8TH FLOOR
CITY-ST-ZIP	MIAMI BCH, FL 33139
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**

U00000329119  
 04-25-05-80103-024 150.00

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: *X [Signature]* Avrohom Grob  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_