

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000051774**

1. Entity Name  
PARK AVENUE CREATIVE DESIGNS, INC.



Principal Place of Business  
3350 N.W. 2ND AVENUE  
SUITE A-2  
BOCA RATON, FL 33431

Mailing Address  
P.O. BOX 880  
BOCA RATON, FL 33429



03032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0610100

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CALIENDO, SAM S  
3350 NW 2ND AVENUE  
SUITE A-44  
BOCA RATON, FL 33431

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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 D  
NAME CALIENDO, SAM S  
STREET ADDRESS 3350 NW 2ND AVENUE, SUITE A-2  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE D  
NAME BARONE, JOANNE F  
STREET ADDRESS 3550 NW 2ND AVENUE, SUITE A-2  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE D  
NAME COURTNEY CALIENDO  
STREET ADDRESS PO BOX 880  
CITY-ST-ZIP BOCA RATON, FL 33429

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

U00000268163  
03/18/05-80032-016 150.00

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/05

Daytime Phone #