


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000053616		
1. Entity Name N.E. 17TH AVENUE CORPORATION		

Principal Place of Business 13251-13455 N.E. 17 AVE. NORTH MIAMI FL 33181 US	Mailing Address 1140 KANE CONCOURSE FIFTH FLOOR BAY HARBOR ISLANDS FL 33154 US
---	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 65-0692186		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent
SILVERS, ROBERT H. 1140 KANE CONCOURSE FIFTH FLOOR BAY HARBOR ISLANDS FL 33154

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	MANNO, BERT
STREET ADDRESS	7420 MIAMI VIEW DRIVE
CITY - ST - ZIP	NO BAY VILLAGE FL 33141
TITLE	D <input type="checkbox"/> Delete
NAME	MANNO, JOSEPHINE
STREET ADDRESS	7420 MIAMI VIEW DRIVE
CITY - ST - ZIP	NO BAY VILLAGE FL 33141
TITLE	D <input type="checkbox"/> Delete
NAME	MANNO, PETER
STREET ADDRESS	1231 WASHINGTON STREET
CITY - ST - ZIP	HOLLYWOOD FL 33019
TITLE	D <input type="checkbox"/> Delete
NAME	MANNO, EILEEN
STREET ADDRESS	ONE HARBOUR WAY
CITY - ST - ZIP	BAL HARBOUR FL 33154
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:  **BERT MANNO 2/27/04 305-864-7531**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #