2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000053616

FILED May 01, 2006 Secretary of State

Entity Name: N.E. 17TH AVENUE CORPORATION						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	55 N.E. 17 AVE IAMI, FL 33181					
Current M	ailing Addres	s:	New Maili	New Mailing Address:		
7420 MIAN MIAMI, FL	11 VIEW DRIVE 33141 US					
FEI Number:	65-0692186	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
MANNO, JOSEPHINE 7420 MIAMI VIEW DRIVE MIAMI, FL 33141 US			7420 MIAM	MANNO CABALLERO, EILEEN 7420 MIAMI VIEW DRIVE MIAMI, FL 33141 US		
The above in the State	named entity s of Florida.	submits this statement for the p	urpose of changing it	ts registered	d office or registered agent, or both,	
SIGNATUR	RE: EILEEN M	IANNO CABALLERO		05/01/2006		
	Electron	ic Signature of Registered Age	nt	Date		
		8(2)(b), F.S., the corporation did no Trust Fund Contribution ().	t receive the prior notic	e.		
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () MANNO, BERT 7420 MIAMI VIE NO BAY VILLAG		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () MANNO, JOSEF 7420 MIAMI VIE NO BAY VILLAG	W DRIVE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () MANNO, PETER 1231 WASHING HOLLYWOOD,	TON STREET	Title: Name: Address: City-St-Zip:	MANNO, PE ¹ 3015 LUCAY		
Title: Name:	D () MANNO, EILEEI	Delete N	Title: Name:		(X) Change()Addition BALLERO, EILEEN	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: EILEEN MANNO CABALLERO DIR 05/01/2006

ONE HARBOUR WAY #105

BAL HARBOUR, FL 33154

Address:

City-St-Zip:

ONE HARBOUR WAY #105

BAL HARBOUR, FL 33154