

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000053616

FILED  
Jan 25, 2007  
Secretary of State

Entity Name: N.E. 17TH AVENUE CORPORATION

## Current Principal Place of Business:

13251-13455 N.E. 17 AVE.  
NORTH MIAMI, FL 33181 US

## New Principal Place of Business:

## Current Mailing Address:

7420 MIAMI VIEW DRIVE  
MIAMI, FL 33141 US

## New Mailing Address:

FEI Number: 65-0692186      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MANNO CABALLERO, EILEEN  
7420 MIAMI VIEW DRIVE  
MIAMI, FL 33141 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MANNO, BERT  
Address: 7420 MIAMI VIEW DRIVE  
City-St-Zip: NO BAY VILLAGE, FL 33141

Title: D ( ) Delete  
Name: MANNO, JOSEPHINE  
Address: 7420 MIAMI VIEW DRIVE  
City-St-Zip: NO BAY VILLAGE, FL 33141

Title: D ( ) Delete  
Name: MANNO, PETER  
Address: 3015 LUCAYA STREET  
City-St-Zip: COCONUT GROVE, FL 33133

Title: D ( ) Delete  
Name: MANNO CABALLERO, EILEEN  
Address: ONE HARBOUR WAY #105  
City-St-Zip: BAL HARBOUR, FL 33154

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MANNO, PETER  
Address: 2511 SWANSON AVENUE  
City-St-Zip: COCONUT GROVE, FL 33133

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: EILEEN MANNO CABALLERO

DIR

01/25/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date