

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000007541

FILED
Jan 11, 2008
Secretary of State

Entity Name: FIRST AVENUE PROPERTIES, INC.

Current Principal Place of Business:

1834 S.W. 1ST AVENUE
SUITE 101
OCALA, FL 34474

New Principal Place of Business:

1834 S.W. 1ST AVENUE
SUITE 101
OCALA, FL 34471

Current Mailing Address:

1834 S.W. 1ST AVENUE
SUITE 101
OCALA, FL 34474

New Mailing Address:

1834 S.W. 1ST AVENUE
SUITE 101
OCALA, FL 34471

FEI Number: 59-3424804

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PURUSHOTTAM, MITRA MD
1834 SW 1ST AVE
OCALA, FL 344745100 US

Name and Address of New Registered Agent:

PURUSHOTTAM, MITRA MD
1834 SW 1ST AVE
OCALA, FL 344718101 US

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: PURUSHOTTAM MITRA, MD

01/11/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DILORENZO, MARCUS J
Address: 1834 SW 1ST AVE. SUITE 101
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: KOHLI, NAGESH
Address: 1834 SW 1ST AVE. SUITE 101
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: MITRA, PRUSHOTTAM
Address: 1834 SW 1ST AVE. SUITE 101
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: PURUSHOTTAM MITRA

PRES

01/11/2008

Electronic Signature of Signing Officer or Director

Date