

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000079592

1. Entity Name
THE N.E. 2ND AVENUE DEVELOPMENT CORPORATION



FILED

04 OCT 18 AM 11:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**8034 N.E. 2ND AVE.
MIAMI, FL 33138**

Mailing Address

**8034 N.E. 2ND AVE.
MIAMI, FL 33138**



DO NOT WRITE IN THIS SPACE

REINSTATEMENT

4. FEI Number

65-0903453

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BANATTY, LOUIS
8034 N.E. 2ND AVE.
MIAMI, FL 33138**

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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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	BANATTY, CHANTAL
STREET ADDRESS	12580 N.E. 9TH AVE.
CITY-ST-ZIP	MIRAMAR, FL 33161
TITLE	D
NAME	LAMBERT, ROSE MAGALIE
STREET ADDRESS	9015 S.W. 125TH LANE
CITY-ST-ZIP	MIAMI, FL 33178
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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10/18/04--01068--011 **150.00

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #