

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90052 007 \*\*\*158.75

**DOCUMENT # P99000018800**

1. Entity Name  
500 FIFTH HOLDINGS, INC.



Principal Place of Business  
2629 N.W. 64TH PLACE  
BOCA RATON, FL 33496

Mailing Address  
2629 N.W. 64TH PLACE  
BOCA RATON, FL 33496

40002588



2. Principal Place of Business  
400 S.E. FIFTH AVENUE  
Suite, Apt. #, etc.  
604  
City & State  
BOCA RATON, FL  
Zip  
33432  
Country  
U.S.A.

3. Mailing Address  
400 S.E. FIFTH AVENUE  
Suite, Apt. #, etc.  
604  
City & State  
BOCA RATON, FL  
Zip  
33432  
Country  
U.S.A.

01132005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  
HADDAD, CALVIN  
2629 N.W. 64TH PLACE  
BOCA RATON, FL 33496

7. Name and Address of New Registered Agent  
Name  
HADDAD, CALVIN  
Street Address (P.O. Box Number is Not Acceptable)  
400 S.E. FIFTH AVENUE - APT. 604  
City  
BOCA RATON FL Zip Code  
33432

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 *Calvin Haddad* DATE *1/13/05*

Signature required for first filing of report and for reinstatement. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HADDAD, CALVIN 501 E PALMETTO PARK RD BOCA RATON, FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HADDAD, CALVIN 400 S.E. FIFTH AVENUE - APT. 604 BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Calvin Haddad* CALVIN HADDAD *1/13/05 (212) 683-4444*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40002588

*500 Fifth Holdings, Inc.*

400 S.E. FIFTH AVE., APT. 604

BOCA RATON, FL. 33432

(Tel) 561-447-0514 - (Fax) 561-447-0397

January 14, 2005

Division of Corporations

P.O. Box 1500

Tallahassee, FL 32302-1500

Re: 500 Fifth Holdings, Inc.  
Document #P99000018800

Dear Sir or Madam:

Enclosed please find our check # 2167 in the amount of \$158.75 paying the **Annual Report** for 2005 for the above-referenced document number.

Included in our payment is \$8.75 as the additional fee required for you to forward a **Certificate of Status Desired** (No. 5).

Please be kind enough to forward said Certificate to the new mailing address as indicated within box #7 of the **Annual Report**, as follows:

500 Fifth Holdings, Inc.  
C/o Calvin C. Haddad  
400 S.E. Fifth Ave., Apt. 604  
Boca Raton, FL 33432

Very truly yours,

**500 FIFTH HOLDINGS, INC.**

  
Calvin C. Haddad

CCH/cp  
Encl.