

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90117 009 ***158.75

DOCUMENT # P99000018800

1. Entity Name
500 FIFTH HOLDINGS, INC.



Principal Place of Business
400 S.E. 5TH AVENUE
604
BOCA RATON, FL 33496

Mailing Address
400 S.E. 5TH AVENUE
604
BOCA RATON, FL 33496

40005044



2. Principal Place of Business
55 NE FIFTH AVE

3. Mailing Address
55 NE FIFTH AVE

Suite, Apt. #, etc.
SUITE 402

Suite, Apt. #, etc.
SUITE 402

01102006 Chg-P CR2E034 (11/05)

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

4. FEI Number
65-0902848
Applied For
Not Applicable

Zip
33432

Country
USA

Zip
33432

Country
USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HADDAD, CALVIN
400 S.E. 5TH AVENUE APT 604
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name
HADDAD, CALVIN

Street Address (P.O. Box Number is Not Acceptable)
55 NE FIFTH AVE

SUITE 402

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 (CALVIN HADDAD)

1/19/06

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
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
D
NAME
HADDAD, CALVIN
STREET ADDRESS
400 S.E. 5TH AVENUE
CITY-ST-ZIP
BOCA RATON, FL 33432 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D
NAME
HADDAD, CALVIN
STREET ADDRESS
55 NE FIFTH AVE - SUITE 402
CITY-ST-ZIP
BOCA RATON, FL 33432 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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) 1/19/06 (212) 683-4444
Signature and typed or printed name of signing officer or director Date Daytime Phone #