

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90111 039 ***158.75

DOCUMENT # P99000018800

1. Entity Name
500 FIFTH HOLDINGS, INC.



Principal Place of Business
55 NE FIFTH AVE
STE 402
BOCA RATON, FL 33496

Mailing Address
55 NE FIFTH AVE
STE 402
BOCA RATON, FL 33496

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162007

Chg-P

CR2E034 (12/06)

4. FEI Number
65-0902848

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HADDAD, CALVIN
55 NE FIFTH AVE
STE 402
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HADDAD, CALVIN 55 NE FIFTH AVE STE 402 BOCA RATON, FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CALVIN HADDAD

1/19/07 (561) 39-3696
Date Daytime Phone #

ATTACHMENT

40004912

500 Fifth Holdings, Inc.

55 N.E. Fifth Ave., Suite 401
Boca Raton, FL 33432
561-392-7256 (Tel) – 561-392-3693 (Fax)

January 18, 2007

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 # 1009 in the amount of \$158.75 paying the **Annual Report** for 2007 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 following address as indicated within box #7 of the **Annual Report**:

Fifth Avenue Place, LLC
C/o Calvin C. Haddad
55 N.E. Fifth Ave., Suite 401
Boca Raton, FL 33432

Very truly yours,

500 FIFTH HOLDINGS, INC.

Calvin C. Haddad

CCH/cp
Encl.