

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000047926

1. Entity Name  
PARK AVENUE VENTURES, INC.



Principal Place of Business  
417 PARK AVE.  
BOCA GRANDE, FL 33921

Mailing Address  
P.O. BOX 837  
BOCA GRANDE, FL 33921-0837



02152005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0922095

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

DIAZ, LESLIE K SR  
1604 JEAN LAFITTE DR.  
BOCA GRANDE, FL 33921

**DO NOT WRITE  
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  
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**

TITLE	D
NAME	DIAZ, LESLIE K SR
STREET ADDRESS	1604 JEAN LAFITTE DR.
CITY-ST-ZIP	BOCA GRANDE, FL 33921
TITLE	D
NAME	DIAZ, MARCELLYN RAE
STREET ADDRESS	1604 JEAN LAFITTE DR.
CITY-ST-ZIP	BOCA GRANDE, FL 33921
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

100000241782  
02/24/05-80057-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Marcellyn Rae Diaz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Marcellyn Rae Diaz*

*2/22/05* *941-964-2621*

DATE

DAYTIME PHONE #