## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P9900060946

1. Entity Name

5TH AVENUE REAL ESTATE DEVELOPMENT, INC.



FILED
May 01, 2008 08:00 AN
Secretary of State

Principal Place of Business

25 SE.8TH AVENUE DEERFIELD BEACH, FL 33441 Mailing Address

25 SE 8TH AVENUE DEERFIELD BEACH, FL 33441



05012008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0932994

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

HALE, WILLIS B 1450 S DIXIE HWY #201 BOCA RATON, FL 334

## DO NOT WRITE IN THIS SPACE

BOCA RATON, FL 33432			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 bitle if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  HODODODODODODODODODODODO					
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			<del>000000933014</del> 05/28/08-80010-025 150.00
10.	OFFICERS AND DIRECTORS				
NAME STREET ADDRESS CITY - ST- ZIP	PD HALE, WILLIS 1450 SOUTH DIXIE HWY., STE. 201 BOCA RATON, FL 33432				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS					

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: \_

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/2008

(Sb1) 347-117B