

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000070442

Entity Name: 5TH AVENUE MARKET, INC.

**FILED**  
**Mar 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1615 N.W. 1ST AVE.  
FLORIDA CITY, FL 33034

**New Principal Place of Business:**

**Current Mailing Address:**

% MR. L.T. CLAYTON  
1615 NORTHWEST FIRST AVE  
FLORIDA CITY, FL 33034

**New Mailing Address:**

1615 N.W. 1ST AVE.  
FLORIDA CITY, FL 33034

FEI Number: 65-0956985

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CLAYTON, LOVEY  
1615 N.W. 1ST AVE.  
FLORIDA CITY, FL 33034 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: CLAYTON, LOVEY  
Address: 1615 N.W. 1ST AVE.  
City-St-Zip: FLORIDA CITY, FL 33034

Title: DS  
Name: CLAYTON, DAVID  
Address: 1615 NW 1ST AVE  
City-St-Zip: FLORIDA CITY, FL 33034

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LOVEY CLAYTON

DP

03/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date