2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S39528

1. Entity Name
NW 2ND AVENUE INC.

Principal Place of Business	Mailing Address
2295 CORPORATE BLVD NW	2295 CORPORATE BLVD NW
SUITE 222	SUITE 222
BOCA RATON, FL 33431	BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

03102004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-0248871		Not Applicable

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

6. Name and Address of Current Registered Agent

HERRICK, NORTON
2295 CORPORATE BLVD NW
SUITE 222
BOCA RATON, FL 33431

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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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VPS
NAME	HERRICK, NORTON
STREET ADDRESS	2295 CORPORATE BLVD NW
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	DPAS
NAME	HERRICK, HOWARD
STREET ADDRESS	2 RIDGEDALE AVE STE 370
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927
TITLE	DVAS
NAME	HERRICK, MICHAEL
STREET ADDRESS	2 RIDGEDALE AVE STE 370
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927
TITLE	C
NAME	KERMALLI, NISAR
STREET ADDRESS	2 RIDGEDALE AVE STE 370
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927
TITLE	D
NAME	HERRICK, EVAN
STREET ADDRESS	2 RIDGEDALE AVE #370
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #