


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # S39528	
1. Entity Name NW 2ND AVENUE INC.	

Principal Place of Business 2295 CORPORATE BLVD NW SUITE 222 BOCA RATON, FL 33431	Mailing Address 2295 CORPORATE BLVD NW SUITE 222 BOCA RATON, FL 33431
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01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0248871	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$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

**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, 2006 Fee will be \$550.00**

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

1000000476437
04/06/06-80010-001 2540.00

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

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #