

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000087236

Entity Name: 58 PARK AVE. CORP A

Current Principal Place of Business:

194 GREENWAY ROAD
LIDO BEACH, NY 11561

Current Mailing Address:

194 GREENWAY ROAD
LIDO BEACH, NY 11561

FEI Number: 27-3844597

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KORN, ROBERT EESQ.
5295 TOWN CENTER ROAD, SUITE 300
BOCA RATON, FL 33486 US

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

Officer/Director Detail :

| | | | |
|-----------------|---------------------|-----------------|---------------------|
| Title | D | Title | DVS |
| Name | OLIVIERO, AMEDEO | Name | OLIVIERO, JOYCE |
| Address | 194 GREENWAY RADIO | Address | 194 GREENWAY RADIO |
| City-State-Zip: | LIDO BEACH NY 11561 | City-State-Zip: | LIDO BEACH NY 11561 |
| | | | |
| Title | DP | Title | D |
| Name | CAPOZZI, PETER | Name | OLIVIERO, LYN |
| Address | 194 GREENWAY RADIO | Address | 194 GREENWAY RADIO |
| City-State-Zip: | LIDO BEACH NY 11561 | City-State-Zip: | LIDO BEACH NY 11561 |

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: PETER CAPOZZI

DIRECTOR

01/13/2017

Electronic Signature of Signing Officer/Director Detail

Date