

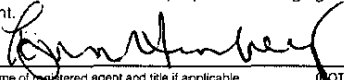
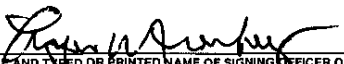


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90223 027 ***150.00

DOCUMENT # 187693					
1. Entity Name FORT PIERCE FLORIDA GARDEN ESTATES, INC.					
Principal Place of Business C/O FROMBERG & FROMBERG 20801 BISCAYNE BLVD., #505 NORTH MIAMI BEACH, FL 33180			Mailing Address C/O FROMBERG & FROMBERG 20801 BISCAYNE BLVD., #505 NORTH MIAMI BEACH, FL 33180		
2. Principal Place of Business 18901 NE 29th Avenue Suite, Apt. #, etc. Suite 100 City & State Aventura, Florida Zip 33180 Country USA		3. Mailing Address 18901 NE 29th Avenue Suite, Apt. #, etc. Suite 100 City & State Aventura, Florida Zip 33180 Country USA		<p style="font-size: 1.2em; margin: 0;">94062174</p> 	
				02242004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-6064927				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DADE COUNTY CORPORATE AGENTS, INC. 20801 BISCAYNE BLVD SUITE 505 NORTH MIAMI BEACH, FL 33180			7. Name and Address of New Registered Agent Name Dade County Corporate Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 18901 NE 29th Avenue Suite 100 City Aventura FL Zip Code 33180		
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 4/20/04	
FILE NOW!!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP POPICK, DAVID 1041 TUSCANY PLACE WINTER PARKA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PALLANT, JOSEPH L. 1201 WEST AVE #4 MIAMI, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FROMBERG, RHONA S. 3808 NE 209TH TERRACE AVENTURA, FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV FROMBERG, LYNN W. 3808 NE 209TH TERRACE AVENTURA, FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/20/04 Daytime Phone # 305-933-2000	