

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90046 025 \*\*\*150.00

**DOCUMENT # 213012**

1. Entity Name

FRATERNITY HOUSE, INC.



Principal Place of Business

250 MERIDIAN AVENUE #5  
APT. 5  
MIAMI BEACH FL 33139

Mailing Address

250 MERIDIAN AVENUE #5  
APT. 5  
MIAMI BEACH FL 33139

2. Principal Place of Business

250 Meridian Av.

Suite, Apt. #, etc.

Apt.5.

3. Mailing Address

250 Meridian Av.

Suite, Apt. #, etc.

Apt.5.

City & State

Miami Beach.

City & State

Miami Beach.

Zip

33139.

Country

Fl.

Zip

33139

Country

Fl.

4. FEI Number

59-6064850

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LARA, JOSE  
250 MERIDIAN AVE.  
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

T ☐ Delete  
NAME LARA, JOSE  
STREET ADDRESS 250 MERIDIAN AVE  
CITY-ST-ZIP MIAMI BCH. FL

S ☐ Delete  
NAME NICHOLSON, JOSEPH  
STREET ADDRESS 250 MERIDIAN AVE., APT. 4  
CITY-ST-ZIP MIAMI BEACH FL 33139

P ☐ Delete  
NAME DECKER, MARK  
STREET ADDRESS 250 MERIDIAN AVE., APT. 8  
CITY-ST-ZIP MIAMI BEACH FL 33139

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition  
No changes for 2004.

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ 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

Daytime Phone #

3-2-04 (305) 534-5330