

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2004 8:00 am
Secretary of State

05-03-2004 90428 044 ****61.25

DOCUMENT # 714274

1. Entity Name
GERMAINE TERRACE, INC.



Principal Place of Business
SHERMAN & SHERMAN
4700 N. STATE ROAD 7, #200
FT. LAUDERDALE, FL 33319 US

Mailing Address
CREST PROPERTY MGNT.
PO BOX 452347
SUNRISE, FL 33345 US

66427714



2. Principal Place of Business

3223 NE 36th Street

3. Mailing Address

PAUL SHAPIRO

Suite, Apt. #, etc.

#5

Suite, Apt. #, etc.

C/O USA SERVICES

04272004 Chg-NP CR2E037 (10/03)

City & State

Fort Lauderdale FL

City & State

6915 TAFT ST, Hollywood

4. FEI Number

59-1352859

Applied For

Not Applicable

Zip

33308

Country

USA

Zip

33024

Country

USA

6. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CREST PROPERTY MAGMT.
4700 HIATUS RD.
156
SUNRISE, FL 33351

7. Name and Address of New Registered Agent

Name **PAUL SHAPIRO**

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

C/O USA SERVICES

6915 TAFT STREET

City

HOLLYWOOD

FL

Zip Code

33024

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

Paul Shapiro

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/04

DATE

Filing Fee is **\$61.25**
 Due by **May 1, 2004**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make check payable to
 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **PVD**
 NAME **MROCI, ETTORE**
 STREET ADDRESS **3223 NE 36TH ST.**
 CITY-ST-ZIP **FT. LAUDERDALE, FL**

TITLE **STD**
 NAME **STRATOUEY, OLGA**
 STREET ADDRESS **3223 N.E. 36TH ST.**
 CITY-ST-ZIP **FT. LAUDERDALE, FL**

TITLE **TD**
 NAME **KELLY, JOHN**
 STREET ADDRESS **3223 NE 36TH ST.**
 CITY-ST-ZIP **FT. LAUDERDALE, FL**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**
 NAME **MOCCIE, ETTORE**
 STREET ADDRESS **3223 NE 36th ST.**
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE **D**
 NAME **STRATOUEY, OLGA**
 STREET ADDRESS **3223 NE 36th ST.**
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE **D**
 NAME **KELLY, JOHN**
 STREET ADDRESS **3223 NE 36th ST.**
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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 the empowered.

SIGNATURE: *Olga B. Stratoeuy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 983-1221