

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2004 8:00 am
Secretary of State

2/9/2

02-09-2004 90061 048 ***150.00

DOCUMENT # G42938 1. Entity Name FOREST PROPERTIES, INC.			
Principal Place of Business 2800 ISLAND BLVD STE 1701 WILLIAMS ISLAND, FL 33160 US		Mailing Address 5600 COLLINS AVE #5F MIAMI, FL 33140	
2. Principal Place of Business 5600 COLLINS AV Suite, Apt. #, etc. #5F City & State Miami, FL Zip 33140 Country		3. Mailing Address 5600 COLLINS AV Suite, Apt. #, etc. #5F City & State Miami, FL Zip 33140 Country	
4. FEI Number 59-2313047		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		02042004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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 _____ (NOTE: Registered Agent signature required when releasing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P QUELER, ARTHUR N ☒ Delete 2800 ISLAND BLVD STE 1701 WILLIAMS ISLAND, FL 33160 <i>President/Secretary</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Delete QUELER, ARTHUR N 5600 COLLINS AV #5F MIAMI, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: <u><i>Arthur N. Queler</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>2/3/04</u> Daytime Phone #	