

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90039 048 ***150.00

DOCUMENT # K58922	
1. Entity Name TISHMAN CORPORATION, INC.	

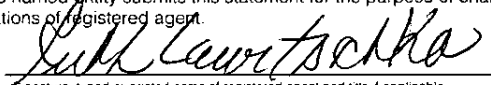
Principal Place of Business C/O LAWITSCHKA 259 W. 33 STREET MIAMI BEACH FL 33140 US	Mailing Address C/O LAWITSCHKA 259 W. 33 STREET MIAMI BEACH FL 33140 US
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2. Principal Place of Business 3002 QUAYSIDE LANE Suite, Apt. #, etc.	3. Mailing Address 3002 QUAYSIDE LANE Suite, Apt. #, etc.
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City & State MIAMI FL	City & State MIAMI FL
Zip 33138	Country USA

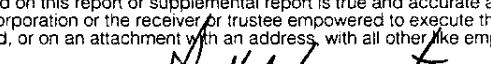
	MOORE CR2E034 (11/03)
4. FEI Number 65-0098198	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LAWITSCHKA, RUTH 1500 SO OCEAN DR #15K HOLLYWOOD FL	7. Name and Address of New Registered Agent Name LAWITSCHKA, RUTH Street Address (P.O. Box Number is Not Acceptable) 3002 QUAYSIDE LANE City MIAMI FL Zip Code 33138
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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 	DATE 2-6-04

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD ☐ Delete NAME LAWITSCHKA, RUTH STREET ADDRESS 1500 S. OCEAN DR. 15-K CITY-ST-ZIP HOLLYWOOD FL		TITLE PD ☐ Change ☐ Addition NAME LAWITSCHKA RUTH STREET ADDRESS 3002 QUAYSIDE LANE CITY-ST-ZIP MIAMI FL 33138	
TITLE ST ☐ Delete NAME LAWITSCHKA, RUTH STREET ADDRESS 1500 S. OCEAN DR. 15-K CITY-ST-ZIP HOLLYWOOD FL		TITLE ST ☐ Change ☐ Addition NAME LAWITSCHKA RUTH STREET ADDRESS 3002 QUAYSIDE LANE CITY-ST-ZIP MIAMI FL 33138	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition 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)(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.	
	2-6-04 305 891 0001