

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90299 031 ***150.00

DOCUMENT # P00000052727

1. Entity Name
SUNNY ISLES LUXURY VENTURES, INC.



Principal Place of Business
**18001 COLLINS AVE
CORAL GABLES, FL 33134**

Mailing Address
**18001 COLLINS AVE
CORAL GABLES, FL 33134**



04072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business
18001 Collins Avenue

3. Mailing Address
18001 Collins Avenue

Suite, Apt. #, etc.
31st Floor

Suite, Apt. #, etc.
31st Floor

City & State
Sunny Isles Beach, FL

City & State
Sunny Isles Beach, FL

Zip
33160

Country
U.S.A.

Zip
33160

Country
U.S.A.

4. FEI Number
65-1063548

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHEAR, DAVID ESQ
201 ALHAMBRA CIRCLE
SUITE 601
CORAL GABLES, FL 33134**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
DEZER, GIL
3475 NE 191 STREET
AVENTURA, FL 33180** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
DEZERTZOV, ESTEE
1 IRVING PLACE
NEW YORK, NY 10003** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SALMON, LESLIE
103 EAST 84TH STREET
NEW YORK, NY** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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:

Leslie Salmon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/04

Date

2129291285

Daytime Phone #