

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90017 007 ***150.00

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1. Entity Name

1355 ALTON ROAD ASSOCIATES, INC.



Principal Place of Business

1355 ALTON ROAD
MIAMI BEACH FL 33139

Mailing Address

1355 ALTON ROAD
MIAMI BEACH FL 33139

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number 65-1140827

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARKOW, DENNIS
2000 ISLAND BLVD., #1808
ADVENTURA FL 33160

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

TITLE PD ☒ Delete
NAME MARKOW, DENNIS
STREET ADDRESS 20441 NE 30TH AVENUE, #108
CITY-ST-ZIP AVENTURA FL 33180

TITLE D ☐ Delete
NAME DICHY, SAMIR
STREET ADDRESS 3500 ISLAND BLVD., UNIT 105
CITY-ST-ZIP AVENTURA FL 33180

TITLE DS ☐ Delete
NAME COOPER, DAVID
STREET ADDRESS 719 HIGHLAND DRIVE
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE D ☐ Delete
NAME SCHWARTZ, DANIEL
STREET ADDRESS 3363 NE 171 ST
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

TITLE PD ☐ Delete
NAME MARKOW, DENNIS
STREET ADDRESS 200 ISLAND BLVD., #1808
CITY-ST-ZIP ADVENTURA FL 33160

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
NAME DS
STREET ADDRESS COOPER, DAVID
CITY-ST-ZIP 4430 CASPER CT
HOLLYWOOD, FL 33021

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2000 ISLAND BLVD #1808
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dennis Markow DENNIS MARKOW

1/24/04

305-695-1515