
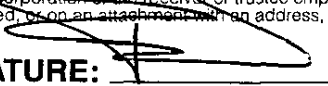


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90488 012 ***150.00

| | | | |
|---|--|--|--|
| DOCUMENT # P02000032532 1. Entity Name EMERALD DUNES APARTMENTS, INC. | |  | |
| Principal Place of Business 1130 WASHINGTON AVE 4 FLOOR MIAMI BEACH FL 33139 | | Mailing Address 1130 WASHINGTON AVE 4 FLOOR MIAMI BEACH FL 33139 | |
| 2. Principal Place of Business 1616 Kennedy Causeway Suite, Apt. #, etc. #505 | | 3. Mailing Address 1616 Kennedy Causeway Suite, Apt. #, etc. #505 | |
| City & State N. Bay Village, FL Zip 33141 | | City & State N. Bay Village, FL Zip 33141 | |
| 4. FEI Number 01-0661862 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MCDONOUGH, BRIAN J 2200 MUSEUM TOWER 150 W FLAGLER ST MIAMI FL 33130 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| 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. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE D <input type="checkbox"/> Delete NAME SALAND, ROBERT STREET ADDRESS 1130 WASHINGTON AVE 4 FLOOR CITY-ST-ZIP MIAMI BEACH FL 33139 | TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 1616 Kennedy Causeway, #505 STREET ADDRESS N. Bay Village, FL 33141 CITY-ST-ZIP | | |
| TITLE D <input type="checkbox"/> Delete NAME ROJO, FRANCISCO STREET ADDRESS 1130 WASHINGTON AVE 4 FLOOR CITY-ST-ZIP MIAMI BEACH FL 33139 | TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 1616 Kennedy Causeway, #505 STREET ADDRESS N. Bay Village, FL 33141 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | | |
| TITLE <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | | |
| TITLE <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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:  FRANCISCO ROJO 4/21/04 538-9552 (305) EXT. 103 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |