# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2004 8:00 am**
**Secretary of State**
04-29-2004 90275 040 ***150.00

DOCUMENT # P02000033689

1. Entity Name
HIGHLANDER ACQUISITIONS, CORP.

| Principal Place of Business | Mailing Address |
|---|---|
| 330 GRECO AVE STE<br>107<br>CORAL GABLES, FL 33146 | 330 GRECO AVE<br>107<br>CORAL GABLES, FL 33146 |

D94U4Db4b

02202004 Chg-P CR2E034 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 330 Greco | PO Box 330537 |
| Suite, Apt. #, etc.<br>Ste 102 | Suite, Apt. #, etc. |
| City & State<br>Coral Gables | City & State<br>Miami FL |
| Zip 33146 Country USA | Zip 33233 Country USA |

4. FEI Number
71-0875886
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

EKONOMOU, NICHOLAS E
330 GRECO AVE
202
CORAL GABLES, FL 33146

Change suite #

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)
Suite 102

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: _____ DATE: 4-13-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>EKONOMOU, NICK E<br>330 GRECO AVE STE 107<br>CORAL GABLES, FL 33146 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 330 Greco Ste 102 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>PFLUCKER, JIMMY E<br>330 GRECO AVE STE 107<br>CORAL GABLES, FL 33146 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 330 Greco Ste 102 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>EKONOMOU, NICHOLAS E<br>330 GRECO AVE STE 107<br>CORAL GABLES, FL 33146 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 330 Greco Ste 102 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>PFLUCKER, JIMMY E<br>330 GRECO AVE STE 107<br>CORAL GABLES, FL 33146 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 330 Greco Ste 102 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>EKONOMOU, NICHOLAS E<br>330 GRECO AVE STE 107<br>CORAL GABLES, FL 33146 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 330 Greco Ste 102 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PFLUCKER, JIMMY E<br>330 GRECO AVE STE 107<br>CORAL GABLES, FL 33146 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 330 Greco Ste 102 | ☑ 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:** _____ 4-13-04 (305) 860-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #