## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P36227

1. Entity Name
PERSPECTIVE PROPERTIES, CORPORATION



Principal Place of Business

4830 W KENNEDY BLVD SUITE 350 TAMPA, FL 33609

Mailing Address

4830 W KENNEDY BLVD SUITE 350 TAMPA, FL 33609

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Applied For 4. FEI Number 74-2574124 Not Applicable

813-268-4067 Date Daytime Phone #

**FILED** 

Apr 26, 2004 08:00 AM Secretary of State

5. Certificate of Status Desired

04142004

\$8.75 Additional Fee Required

CR2E034 (10/03)

MELENDI, JOSEPH F 300 N FRANKLIN ST SECOND FLOOR

changed, or on an attachmen

SIGNATURE

## DO NOT WRITE

No Chg-P

TAMPA, FL 33609			IN THIS SPACE		
8. The above	named entity submits this statement for the p	urpose of changing its registere	ed affice ar r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.					
SIGNATURE				e required when reinstating)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000130590
10.	OFFICERS AND DIREC	TORS			04/26/04-80124-008 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST WEIS, STEPHEN N 4830 W. KENNEDY BLVDSUITE #39 TAMPA, FL 33609	50			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				_	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE 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 cath; that I am an officer or director of the corporation or the receiver or trunker/empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attaching with an activities, with all other like empowered.					

PED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR S