


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000083058**  
 1. Entity Name  
**TIFFANY REAL ESTATE HOLDINGS, INC.**



Principal Place of Business 21150 VISCAYNE BLVD STE 302 AVENTURA, FL 33180 US	Mailing Address 21150 BISCAYNE BLVD SUITE 302 AVENTURA, FL 33180 US
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02022004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0533414	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

GERMAN, FRAYND  
 21150 BISCAYNE BLVD  
 SUITE 302  
 AVENTURA, FL 33180

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (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	P FRAYND, GERMAN 21150 BISCAYNE BLVD SUITE 302 AVENTURA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRAYND, PAUL 21150 BISCAYNE BLVD STE 302 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRAYND, ALLAN 21150 BISCAYNE BLVD #302 AVENTURA, FL 33180
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000037110  
 02/06/04-80085-021 150.00

**DO NOT WRITE IN THIS SPACE**

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

*Feb 02/2004 3059370150*