


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90196 026 ***150.00

DOCUMENT # P95000038773

1. Entity Name
 1611 EUCLID AVENUE, INC.



Principal Place of Business 500 15 ST 1 MIAMI BEACH FL 33139 US	Mailing Address 500 15 ST 1 MIAMI BEACH FL 33139 US
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2. Principal Place of Business <i>423 NE 23rd ST</i>	3. Mailing Address <i>423 NE 23rd ST.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>MIAMI FL</i>	City & State <i>MIAMI FL</i>
Zip <i>33137</i>	Zip <i>33137</i>
Country	Country



03172004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0606633	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REGENTS PARK PROPERTY, INC.
 500 15 ST 1
 MIAMI, FL 33139

7. Name and Address of New Registered Agent

Name: *REGENTS PARK INVESTMENTS LLC*
 Street Address (P.O. Box Number is Not Acceptable): *423 NE 23rd ST.*
 City: *MIAMI FL* Zip Code: *33137*

8. The above named entity adopts 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: *MALLORY KAUDERER* (NOTE: Registered Agent signature required when reinstating) DATE: *4/20/04*

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 KAUDERER, MALLORY 500 15 ST 1 MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS KAUDERER, MALLORY 423 NE 23rd ST. MIAMI, FL- 33137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *MALLORY KAUDERER* DATE: *4/20/04* Daytime Phone #: *305-573-3399*