2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FERRI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

JAMES

Apr 09, 2004 8:00 am Secretary of State DOCUMENT # P97000057440 1. Entity Name 04-09-2004 90039 034 ***150.00 TARGET ENTERPRISES OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 2731 NE 14TH ST 2731 NORTHEAST 14TH STREET APT 237 りはりよりしてん R RLDG POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 2. Principal Place of Business 3. Mailing Address RESORT MOTE 4425 N. OCEM SEASCAPE Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State FLORIDA City & State 4. FEI Number Applied For BY-THE-SEA 65-0773463 auderdace Bu Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 3308 3308 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Z3MAT-FERRI, JAMES Street Address (P.O. Box Number is Not Acceptable) 2731 N.E. 14 ST APT. 237B POMPANO BEACH FL 33062 City DERDALE-BYTHE-SEA 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 TAMES FERR'S Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent sign lature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD TITLE Change ☐ Delete TITLE Addition FERRI, JIM NAME NAME 2731 NE 14 ST #237 B STREET ADDRESS STREET ADDRESS THE-SED, FL 33308 CITY-ST-ZIP POMPANO BEACH FL 33062 CITY-ST-ZIP SVD ☐ Delete TITLE ☐ Change ☐ Addition NAME FERRI, HELEN A NAME STREET ADDRESS 2731 NE 14 ST #237B STREET ADDRESS CITY - ST - 71P POMPANO BEACH FL 33062 33308 CITY-ST-ZIP TITLE . Delete TITLE Change . ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.

FILED