2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000078007

1. Entity Name INNS OF COURT II, INC.

Principal Place of Business

6101 SW 76 STREET MIAMI, FL 33143

Mailing Address

6101 SW 76 STREET MIAMI, FL 33143 _

FILED Apr 15, 2004 08:00 AM Secretary of State



01062004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0780682

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUSSO, ELIZABETH

DO NOT WRITE

| MIAMI, FL 33143 | | | IN THIS SPACE | | |
|---|--|---|-------------------------------|--------------------------------|---|
| | ions of registered agent. | | | | th, in the State of Florida. I am familiar with, and accept |
| FIL | Signature, typed or printed name of registrated agent and title in ENOWISI FEE IS \$150.00 by 1, 2004 Fee will be \$550.00 | Pepitcable. (NOTE Registered Registered Registered Trust Fund Contribution. | * | \$5.00 May Be Added to Fees | DATE |
| TO. ISTE NAME STREET ADDRESS CSTY-ST-ZIP TITLE NAME STREET ADDRESS CSTY-ST-ZIP | OFFICERS AND DIRECT P/D RUSSO, ELIZABETH K 6101 SW 76 STREET MIAMI, FL 33143 | TORS | - | <u>-</u> - | U00000114152 04/15/04-80038-003 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | | | DO NOT WRITE IN THIS SPACE | | |
| NAME STREET ADDRESS | | | | | |

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: _

CITY - ST - ZIP THELE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #