

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90012 036 ***150.00

DOCUMENT # P98000003977
 1. Entity Name
 9301 EAST BAY HARBOR, INCORPORATED



Principal Place of Business: 1000 BRICKELL AVE. SUITE #900 MIAMI FL 33131
 Mailing Address: PO BOX 45-2124 MIAMI FL 33245

2. Principal Place of Business: Suite, Apt. #, etc. **SUITE #905**
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 Zip: _____ Country: _____



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
SARAFAN, RICHARD
100 SOUTHEAST 2ND ST. 36TH FLOOR
MIAMI FL 33131

4. FEI Number: **65-0813683**
 Applied For: Not Applicable:
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, JORGE	
STREET ADDRESS	1000 BRICKELL AVE. SUITE 900	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	SUITE 905	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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
 Date: **4/5/04** Daytime Phone #: **305-371-5400**