


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-23-2004 90196 025 ***150.00

DOCUMENT # P98000080633 1. Entity Name 1606 JEFFERSON ASSOCIATES, INC.	
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Principal Place of Business 500 15TH STREET, # 1 MIAMI BEACH, FL 33139	Mailing Address 500 15TH STREET, # 1 MIAMI BEACH, FL 33139
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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.

03172004 Chg-P CR2E034 (10/03)

City & State <i>MIAMI FL</i>	City & State <i>MIAMI FL</i>	4. FEI Number 65-0888882	Applied For Not Applicable
Zip <i>33137</i>	Country	Zip <i>33137</i>	Country

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	Applied For Not Applicable
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6. Name and Address of Current Registered Agent

REGENT PARK PROPERTY, INC
 500 15TH STREET, #1
 MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

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

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: *Mallory Kauderer* *MALLORY KAUDERER* *MEMBER* DATE: *4/20/04*

Signature: Print or typed 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

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	DPS KAUDERER, MALLORY <input checked="" type="checkbox"/> Delete 500 15TH STREET, #1 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIFSHULTZ, DAVID <input type="checkbox"/> Delete 2498 PRAIRIE AVE MIAMI, FL 33140
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	DPS <i>DPS</i> KAUDERER, MALLORY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 423 NE 23rd ST. MIAMI FL 33137
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
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* *MALLORY KAUDERER* *MEMBER* DATE: *4/20/04* Daytime Phone #: *385-573-3399*

Signature: Print or typed printed name of signing officer or director