


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000060014**  
 1. Entity Name  
 ROYAL DIXIE MANOR OF FLORIDA, INC.



Principal Place of Business: 1500 N E 145 ST # 105 N MIAMI FL 33161  
 Mailing Address: C/O KLEINMAN 301 174 ST # 2214 SUNNY ISLES BEACH FL 33160



MOORE CR2E034 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

4. FEI Number: 65-0935325 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 KLEINMAN, CHAIM  
 301 174TH STREET, #2214  
 SUNNY ISLES BEACH FL 33160

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

B. 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: VSD NAME: KLEINMAN, AMI STREET ADDRESS: 301 174 ST # 2214 CITY-ST-ZIP: SUNNY ISLES BEACH FL 33160	<input type="checkbox"/> Delete
TITLE: D NAME: KLEINMAN, NEER STREET ADDRESS: 301 174 ST # 2214 CITY-ST-ZIP: SUNNY ISLES BEACH FL 33160	<input type="checkbox"/> Delete
TITLE: P NAME: KLEINMAN, CHAIM STREET ADDRESS: 301 174 ST # 2214 CITY-ST-ZIP: SUNNY ISLES BEACH FL 33160	<input type="checkbox"/> Delete
TITLE: VP NAME: KLEINMAN, ESTHER STREET ADDRESS: 301 174 ST # 2214 CITY-ST-ZIP: SUNNY ISLES BEACH FL 33160	<input type="checkbox"/> Delete
TITLE: T NAME: KLEINMAN, DANA STREET ADDRESS: 301 174 ST # 2214 CITY-ST-ZIP: SUNNY ISLES BEACH FL 33160	<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: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
U00000037867 02/06/04-80114-016 150.00	
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: Esther Kleinman 1/30/04 3059333050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #