

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90266 027 ***150.00

DOCUMENT # P99000077609
 1. Entity Name
 1606 YACHT CLUB CORPORATION



Principal Place of Business: 2999 N.E. 191ST STREET, STE. 900 AVENTURA, FL 33180
 Mailing Address: 2999 N.E. 191ST STREET, STE. 900 AVENTURA, FL 33180

34045174



03102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0949898	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHIFFMAN, ADAM R
 2999 N.E. 191ST STREET, STE. 900
 AVENTURA, FL 33180

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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

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	PD LAURENTI, JEAN-PIERRE 2999 N.E. 191ST STREET, STE. 900 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD LAURENTI, MARYSE 2999 N.E. 191ST STREET, STE. 900 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD LAURENTI, MARC 2999 N.E. 191ST STREET, STE. 900 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: Marc Laurenti **MARC LAURENTI** Date 04/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #