


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90033 022 \*\*\*158.75

<b>DOCUMENT # P97000107197</b> 1. Entity Name <b>FRESH START PROPERTIES, INC.</b>																											
Principal Place of Business <del>15300 NE 14TH CT</del> <del>N MIAMI BEACH FL 33162</del> <b>P.O. Box 600506</b> <b>NORTH MIAMI BEACH, FL 33160</b>		Mailing Address <b>P.O. Box 600506</b> <del>15300 NE 14TH CT</del> <del>N MIAMI BEACH FL 33162</del> <b>NORTH MIAMI BEACH, FL 33160</b>																									
2. Principal Place of Business <b>PO Box 600506 (Temporary)</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 600506</b> Suite, Apt. #, etc.																									
City & State <b>NORTH MIAMI BEACH, FLA</b> Zip <b>33160</b>		City & State <b>NORTH MIAMI BEACH FL</b> Zip <b>33160</b>																									
4. FEI Number <b>65-0808657</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent <del>GREEN, GOLDEN LORRAINE</del> <del>GOLDEN, LORRAINE</del> <del>15300 NE 14TH CT</del> <del>N MIAMI BEACH FL 33162</del> <b>18418 NW 44 Place</b> <b>MIAMI, FL. 33055</b>		7. Name and Address of New Registered Agent Name <b>LORRAINE GOLDEN GREEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>18418 NW 44 PLACE</b> City <b>MIAMI</b>																									
Changes made Signature <b>Lorraine Golden Green Vice President</b> Signature typed or printed name of registered agent and title if applicable.		FL Zip Code <b>33055</b> DATE <b>2/24/04</b>																									
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
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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: <b>Lorraine Golden Green VSTD</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>2/24/04</b> <b>305-793-2889</b> Date Daytime Phone #																									