


**FILED**  
**Mar 23, 2004 8:00 am**  
**Secretary of State**

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

03-23-2004 90013 045 \*\*\*150.00

**DOCUMENT # P97000064428**

1. Entity Name  
 159 COMPANY, INC.



Principal Place of Business  
 159 W HILLSBORO BLVD  
 DEERFIELD BCH, FL 33441

Mailing Address  
 2 VIRGINIA GARDEN  
 DELRAY BEACH, FL 33483 US

24027706

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 710 S.E. 8<sup>th</sup> Court  
 Suite, Apt. #, etc.

City & State  
 Delray Beach, FL

City & State  
 Delray Beach, FL

Zip  
 33483

Country  
 USA



03102004 Chg-P CR2E034 (10/03)

4. FEI Number  
 65-0778936

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BAGDASARIAN, RICHARD C ESQ  
 1800 CORPORATE BLVD NW STE 302  
 BOCA RATON, FL 33431

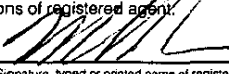
7. Name and Address of New Registered Agent

Name  
 Michael Hoplamazian

Street Address (P.O. Box Number is Not Acceptable)  
 710 S.E. 8<sup>th</sup> Court

City  
 Delray Beach FL Zip Code  
 33483

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  MICHAEL HOPLAMAZIAN (PRES) 3/16/04

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

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HOPLAMAZIAN, MICHAEL 2 VIRGINIA GARDEN DELRAY BCH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  MICHAEL HOPLAMAZIAN 3/16/04 561 573 8053

Signature and typed or printed name of signing officer or director Date Daytime Phone #