## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT

## DOCUMENT # V16397

1. Entity Name FELT PROPERTIES, INC.



Principal Place of Business

520 NW 165TH ST RD SUITE 102 MIAMI, FL 33169

Mailing Address

520 NW 165TH ST RD SUITE 102 MIAMI, FL 33169

**FILED** Apr 28, 2004 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

CR2E034 (10/03) 01072004 No Chg-P

4. FEI Number 65-0314786 

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

EINBINDER, MARC 520 NW 155 ST. RD. SUITE 102 MIAMI, FL 33169

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	The above named entity submits this statement for the purpose of char the obligations of registered agent.	iging its registered office or registered agent, or both	i, in the State of Horida.	am ramiliar with, and acc	æpt		
SIGNATURE							
٠.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered Agent signature required when reinstating)	11000000128				

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

04/28/04-80078-011 150.00

10.	OFFICERS AND DIRECTO	RS	
TITLE NAME STREET ADORESS CITY - ST - ZIP	D FRANZELAS, PAUL 520 NW 165TH ST RD #201 MIAMI, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPKINS, RONALD 520 NW 165TH ST RD MIAMI, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EINBINDER, MARC 520 NW 165TH ST RD #102 MIAMI, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCKE, GEORGE 500 NW 165TH ST RD MIAMI, FL		
NAME STREET ADDRESS CITY+ST-ZIP			
TITLE NAME STREET ADDRESS CITY+ST-ZIP			

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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:

305-949-469

Davime Phone #