


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90448 020 \*\*\*150.00

<b>DOCUMENT # P01000109002</b>		
1. Entity Name 1785 CORP.		

Principal Place of Business 999 BRICKEL AVENUE, SUITE 500 MIAMI FL 33131	Mailing Address 999 BRICKEL AVENUE, SUITE 500 MIAMI FL 33131
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2. Principal Place of Business 1785 N.E. 123 <sup>rd</sup> St.	3. Mailing Address 1785 N.E. 123 <sup>rd</sup> Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NORTH MIAMI, FL	City & State NORTH MIAMI, FL
Zip 33181	Zip 33181
Country U.S.A.	Country U.S.A.

MOORE CR2E034 (11/03)

4. FEI Number 43-1950127

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

6. Name and Address of Current Registered Agent NACHLAS, REBECCA 999 BRICKEL AVENUE, SUITE 500 MIAMI FL 33131	
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7. Name and Address of New Registered Agent Name: NACHLAS, REBECCA Street Address (P.O. Box Number is Not Acceptable): 1785 N.E. 123 <sup>rd</sup> Street City: North Miami FL Zip Code: 33181	
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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: Rebecca Nachlas DATE: 4-22-04

(NOTE: Registered Agent signature required when reinstating)

<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"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES NACHLAS, REBECCA A 999 BRICKELL AVENUE #500 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES NACHLAS, REBECCA 1785 N.E. 123 <sup>rd</sup> Street NORTH MIAMI, FL 33181 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRANKS, MELVYN 999 BRICKELL AVENUE #500 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MELVYN S. FRANKS 1785 N.E. 123 <sup>rd</sup> Street North Miami, FL 33181 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: Rebecca Nachlas DATE: 4-22-04 305-379-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR