

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2004 91292 006 ***150.00

DOCUMENT # P93000003104

1. Entity Name
METROMALL PARTNERS, INC.



Principal Place of Business
**169 E. FLAGLER STREET
SUITE 1600
MIAMI, FL 33131**

Mailing Address
**169 E. FLAGLER STREET
SUITE 1600
MIAMI, FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04222004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0453061

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FLOY, JOSEPH M
NEW WORLD TOWER
48 E. FLAGLER ST. PENTHOUSE 101
MIAMI, FL 33132**

7. Name and Address of New Registered Agent

Name **SIDORO LERMAN**
Street Address (P.O. Box Number is Not Acceptable)
48 E. FLAGLER ST
Penthouse 101
City **MIAMI** FL Zip Code **33131**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE PD ☐ Delete
NAME LINDENFELD, ELSA
STREET ADDRESS 169 E. FLAGLER ST., #1600
CITY-ST-ZIP MIAMI, FL 33131

TITLE SD ☐ Delete
NAME LINDENFELD, DANYA
STREET ADDRESS 169 E. FLAGLER ST., #1600
CITY-ST-ZIP MIAMI, FL 33131

TITLE VD ☐ Delete
NAME RESSLER, GARY
STREET ADDRESS 169 E. FLAGLER ST #1600
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-04