

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90024 034 ***150.00

DOCUMENT # P93000052147

1. Entity Name
SHOWPLACE OF FLAGLER, INC.



Principal Place of Business
**C/O E.F. HUTTON REALTY
SUITE 100
MIAMI, FL 33133 US**

Mailing Address
**2000 SOUTH DIXIE HWY 100
MIAMI, FL 33131 US**



03112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0420748

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FIELDSTONE, RONALD R
201 ALHAMBRA CIR., 601
STE. 2100
MIAMI, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GOLKAR, REZA DR.
STREET ADDRESS	7010 MIRA FLORES
CITY-ST-ZIP	CORAL GABLES, FL 33143
TITLE	T
NAME	AGHA, ABDUL DR.
STREET ADDRESS	6701 SUNSET DR, 203 B
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	S
NAME	FIELDSTONE, RONALD R
STREET ADDRESS	201 ALHAMBRA CIR., 601
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	V
NAME	Ray Abbassi
STREET ADDRESS	2000 S. Dixie Hwy # 100
CITY-ST-ZIP	Miami, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 reports 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 #

3/21/05

305-856-5858