


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 320208**  
 1. Entity Name  
**ARCADIA PROPERTIES INC.**



Principal Place of Business      Mailing Address  
**4801 S UNIVERSITY DR**      **PO BOX 661169**  
**DAVIE, FL 33328 US**      **MIAMI SPRINGS, FL 33166 US**

**DO NOT WRITE IN THIS SPACE**



01062004      No Chg-P      CR2E034 (10/03)

4. FEI Number  
**59-1173108**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**ALWEISS, IRA**  
**4301 S UNIVERSITY DR**  
**DAVIE, FL 33328**

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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 \_\_\_\_\_ 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D ALWEISS, IRA 4801 S UNIVERSITY DR DAVIE, FL 33328
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 04/12/04-80102-001 150.00

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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:** IRA ALWEISS      **IRA ALWEISS 48-04 305-285-0789**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #