
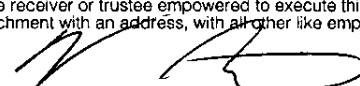


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90019 040 ***150.00

DOCUMENT # 380456 1. Entity Name THE PLACE INVESTMENT, INC.					
Principal Place of Business 7900 MIAMI LAKE DR W MIAMI LAKE, FL 33016			Mailing Address 7900 MIAMI LAKE DR W MIAMI LAKE, FL 33016		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1354410	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RODRIGUEZ, CHRISTY 7900 MIAMI LAKES DR. W. MIAMI LAKES, FL 33016				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP KISLAK, JAY I. 7900 MIAMI LKS DR. W. MIAMI LAKES, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KISLAK, JAY I. 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVT BARTELMO, TOMAS 7900 MIAMI LKS DR. W. HIALEAH, FL 33016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BARTELMO, THOMAS 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUBOW, CHERYL 7900 MIAMI LAKES DR W MIAMI LAKES, FL 33016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUBOW, CHERYL 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV RODRIGUEZ, CHRISTY 7900 MIAMI LAKES DR W MIAMI LAKES, FL 33016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS RODRIGUEZ, CHRISTY 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRAUN, STEPHEN 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
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:  THOMAS BARTELMO, President			Date: 02/18/2004		Daytime Phone #: 305-364-4106