

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90013 016 ***150.00

DOCUMENT # 473392

1. Entity Name
OLYMPIAN REALTY, INC.



Principal Place of Business
**1920 E HALLANDALE BEACH BLVD
PENTHOUSE 5
HALLANDALE, FL 33009**

Mailing Address
**3640 YACHT CLUB DR.
#1406
AVENTURA, FL 33180**

24005369



2. Principal Place of Business

3. Mailing Address

1920 E HALLANDALE Bch Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PH5

01072004

Chg-P

CR2E034 (10/03)

City & State

City & State

HALLANDALE, FL

4. FEI Number

59-1591538

Applied For

Not Applicable

Zip

Country

Zip

33009

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROZEN, DAVID L.
3640 YACHT CLUB DR., #1406
AVENTURA, FL 33180**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1920 E. HALLANDALE Bch Blvd, PH5

HALLANDALE

City

FL

Zip Code

33009

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **ROZEN, DAVID L.**
STREET ADDRESS **3640 YACHT CLUB DR., #1406**
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE ☐ Change ☐ Addition
NAME **1920 E. HALLANDALE Bch Blvd, PH5**
STREET ADDRESS **HALLANDALE, FL 33009**
CITY-ST-ZIP

TITLE **PST** ☐ Delete
NAME **ROZEN, DAVID L**
STREET ADDRESS **3640 YACHT CLUB DR., #1406**
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE ☐ Change ☐ Addition
NAME **1920 E. HALLANDALE Bch Blvd, PH5**
STREET ADDRESS **HALLANDALE, FL 33009**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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

1-27-04

Date

(954) 454-1190

Daytime Phone #