

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90032 025 ***150.00

DOCUMENT # 650208

1. Entity Name

PARLIAMENT APARTMENTS, INC.



Principal Place of Business

1236 GEORGE BUSH BLVD
DELRAY BEACH FL 33483
US

Mailing Address

1236 GEORGE BUSH BLVD
DELRAY BEACH FL 33483
US

2. Principal Place of Business

1236 George Bush Blvd
Suite, Apt. #, etc.
Delray Bch FL
City & State

3. Mailing Address

1236 George Bush Blvd
Suite, Apt. #, etc.
Delray Bch FL
City & State



MOORE

CR2E034 (11/03)

4. FEI Number 59-1978427

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip 33483

Country WPB

Zip 33483

Country WPB

6. Name and Address of Current Registered Agent

ADAMS, JOHN ROSS
SUITE G
101 SE 6TH AVE
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME DEBOWES, JAMES
STREET ADDRESS 1236 NE 8TH ST
CITY-ST-ZIP DELRAY BCH, FL 00000

TITLE VD ☐ Delete
NAME ELLER, JOERG
STREET ADDRESS ARCHENHOL 2 STRASSE 70C
CITY-ST-ZIP HAMBURG W GERMANY

TITLE SD ☐ Delete
NAME DEBOWES, DIANE
STREET ADDRESS 1236 NE 8TH ST
CITY-ST-ZIP DELRAY BEACH FL

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
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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:

James De Bowes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-6-04 5612766245