

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-20-2004 90065 026 ****61.25

DOCUMENT # 724287

1. Entity Name
MEADOWBROOK CONDOMINIUM APARTMENTS BUILDING #4, INC.



Principal Place of Business
 420 N.E. 12TH AVE.,
 HALLANDALE, FL 33009-4543

Mailing Address
 420 N.E. 12 AVE.
 HALLANDALE, FL 33009-4543 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

01072004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1444265

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

COULOMBE, BERTRAM
 420 N.E. 12TH AVE
 #707
 HALLANDALE, FL 33009

7. Name and Address of New Registered Agent

Name: **PAVEL DJULVEZAN**

Street Address (P.O. Box Number is Not Acceptable)
420 N.E. 12th Ave. # 402

City **Hallandale** 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]* DATE: **1/9/04**

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

Filing Fee is \$61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DJULVEZAN, PAVEL	
STREET ADDRESS	420 N.E. 12TH AVE, #402	
CITY-ST-ZIP	HALLANDALE, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MILOSTEAN, DAN	
STREET ADDRESS	420 NE 12TH AVE., PAT #505	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	JELESCA, EUGENIA	
STREET ADDRESS	420 NE 12TH AVE., #506	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	T	<input type="checkbox"/> Delete
NAME	MAZA, AURALIA	
STREET ADDRESS	420 NE 12TH AVE., #502	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ILEANA, MARIANA	
STREET ADDRESS	420 NE 12TH AVE., #305	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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]* DATE: **1/9/04** DAYTIME PHONE #: **954-684-6466**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR