2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 02, 2004 8:00 am Secretary of State DOCUMENT # 727223 1. Entity Name 03-02-2004 90030 005 ****61.25 VANTAGE VIEW, INC. Principal Place of Business Mailing Address 2841 NORTH OCEAN BLVD 2841 NORTH OCEAN BLVD FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-1723358 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLER, ROBERT S PA Street Address (P.O. Box Number is Not Acceptable) 414 NORTHEAST 4TH ST FORT LAUDERDALE FL 33301 City 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 DATE (NOTE: Registered Agent signature (equired when reinstaling) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition SMITH, HAL NAME NAME Smith, Hal 2841 N. OCEAN BLVD STREET ADDRESS STREET ADDRESS 2841TN. Ocean Blvd. FORT LAUDERDALE FL 33308 CITY-ST-ZIP CITY-ST-ZIP <u>Ft. Lauderdale. FL 33308</u> ☐ Defete TITLE TITLE ☐ Change ☐ Addition MILLER, ROBERT S NAME Miller, Robert S. 2841 NORTH OCEAN BLVD. STREET ADDRESS STREET ADDRESS Same FT LAUDERDALE FL 33308 CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition FLOYD, DEBORAH L NAME Floyd, Deborah_L. 2841 N OCEAN BLVD. STREET ADDRESS STREET ADDRESS Same FT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ---☐ Delete Change Change ☐ Addition PREVITE, ANTHONY DR NAME NAME Metta, Michael S. 2841 N. OCEAN BLVD STREET ADDRESS STREET ADDRESS Same FORT LAUDERDALE FL 33308 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition CAROLAN, MARCAE LoFrisco, SSalvatore F. NAME NAME 2841 N. OCEAN BLVD. STREET ADDRESS STREET ADDRESS Same FORT LAUDERDALE FL 33308 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change | ☐ Addition COSTA, ELAINE NAME NAME Costa, Elaine 2841 N. OCEAN BLVD. STREET ADDRESS STREET ADDRESS Same FORT LAUDERDALE FL 33308 CITY-ST-7/P 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

FILED

Daytime Phone #