


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F01000004477</b> 1. Entity Name <b>PRIVEE LTS FINANCE CORPORATION</b>	
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Principal Place of Business 2100 PARK CENTRAL BLVD. NORTH, #900 POMPANO BEACH, FL 33064	Mailing Address 2875 N.E. 191ST STREET, PH-1 AVENTURA, FL 33180
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**DO NOT WRITE IN THIS SPACE**



03122004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1058613	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

KLEIN, THEODORE J  
88 N.E. 168TH STREET  
NORTH MIAMI BEACH, FL 33162

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000127298 04/23/04-80068-011 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSCD SREDNI, IRWIN 2875 N.E. 191ST TREET, PH-1 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT BROD, CAREN 2875 N.E. 191ST TREET, PH-1 AVENTURA, FL 33180
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:** \_\_\_\_\_ **4-16-04** **305-945-0405**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #