2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## Mar 22, 2004 8:00 am Secretary of State DOCUMENT # F84630 1. Entity Name 03-22-2004 90300 034 \*\*\*150.00 ENCORE INVESTMENTS, INC. Principal Place of Business Mailing Address 9700 S. DIXIE HIGHWAY 9700 S. DIXIE HIGHWAY OZUSTEV. SUITE 1020 MIAMI FL 33156 SUITE 1020 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number City & State City & State Applied For 59-2266901 Not Applicable Zip 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 MANDEL, ROBERT S Street Address (P.O. Box Number is Not Acceptable) 9700 S. DIXIE HIGHWAY **SUITE 1020** MIAMI FL 33156-2865 City Zip Code FL 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. DATÉ (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP ☐ Addition TITLE ☐ Delete TITLE Change MANDEL, ROBERT S NAME NAME 9700 S DIXIE HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33156-2865 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE MANDEL, RONA NAME NAME STREET ADDRESS 9700 S DIXIE HWY STE 1020 STREET ADDRESS MIAMI FL 33156-2865 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing rooks 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 of 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

Presidext

March 17, 2004

305-670-0671

SIGNATURE: ,

FILED