

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

04 MAY -3 PM 5: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03042004 No Chg-P CR2E034 (10/03)

4. FEI Number 98-0179010	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DOCUMENT # F98000002810**  
1. Entity Name  
3435 GULFSTREAM PROPERTIES, INC.



Principal Place of Business 3435 N. OCEAN BLVD GULFSTREAM, FL 33483	Mailing Address 2665 S. BAYSHORE DR, SUITE 703 MIAMI, FL 33133
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
WORLD CORPORATE SERVICES, INC.  
2665 S. BAYSHORE DR  
STE 703  
MIAMI, FL 33133

**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 \_\_\_\_\_  
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**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPS ARCAINI, ANTONIO. 3435 N. OCEAN BLVD GULF STREAM, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARCAINI, REBECCA 3435 N. OCEAN BLVD GULF STREAM, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RICHARDS, TIMOTHY D 2665 S. BAYSHORE DR- STE 703 MIAMI, FL 33133
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*KSP  
E/B*

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: Rebecca Arcaini, Director 3/10/04 (305) 858-9900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #