

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-20-2004 90019 026 ***150.00

DOCUMENT # G67046

1. Entity Name
PAPILLON INVESTMENT, INC.



Principal Place of Business
7900 MIAMI LAKES DRIVE W
MIAMI LAKES, FL 33016 US

Mailing Address
7900 MIAMI LAKES DRIVE W
MIAMI LAKES, FL 33016 US

J4U10773



2. Principal Place of Business

3. Mailing Address

01212004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2328116

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, CHRISTY
7900 MIAMI LAKES DR. W.
MIAMI LAKES, FL 33016

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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.

(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	CDP	<input type="checkbox"/> Delete
NAME	KISLAK, JAY I.	
STREET ADDRESS	7900 MIAMI LAKES DR. W.	
CITY-ST-ZIP	MIAMI LAKES, FL 33016	
TITLE	DSVT	<input type="checkbox"/> Delete
NAME	BARTELMO, THOMAS	
STREET ADDRESS	7900 MIAMI LAKES DR. W.	
CITY-ST-ZIP	MIAMI LAKES, FL 33016	
TITLE	S	<input type="checkbox"/> Delete
NAME	LUBOW, CHERYL	
STREET ADDRESS	7900 MIAMI LAKES DR., W	
CITY-ST-ZIP	MIAMI LAKES, FL 33016	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, CHRISTY	
STREET ADDRESS	7900 MIAMI LAKES DRIVE WEST	
CITY-ST-ZIP	MIAMI LAKES, FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KISLAK, JAY I.	
STREET ADDRESS	7900 MIAMI LAKES DRIVE WEST	
CITY-ST-ZIP	MIAMI LAKES, FL 33016	
TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTELMO, THOMAS	
STREET ADDRESS	7900 MIAMI LAKES DRIVE WEST	
CITY-ST-ZIP	MIAMI LAKES, FL 33016	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUBOW, CHERYL	
STREET ADDRESS	7900 MIAMI LAKES DRIVE WEST	
CITY-ST-ZIP	MIAMI LAKES, FL 33016	
TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, CHRISTY	
STREET ADDRESS	7900 MIAMI LAKES DRIVE WEST	
CITY-ST-ZIP	MIAMI LAKES, FL 33016	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUN, STEPHEN	
STREET ADDRESS	7900 MIAMI LAKES DRIVE WEST	
CITY-ST-ZIP	MIAMI LAKES, FL 33016	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
THOMAS BARTELMO, PRESIDENT

02/18/2004

Date

305-364-4106

Daytime Phone #