

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H57387

FILED
Apr 28, 2004
Secretary of State

Entity Name: 600 NORTH STATE ROAD 7, INC.

Current Principal Place of Business:

2333 PONCE DE LEON BLVD
600
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

2333 PONCE DE LEON BLVD
600
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 59-2529234 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUSTIN, MICHELLE
2333 PONCE DE LEON BLVD
STE 600
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

AUSTIN, MICHELLE M ESQ.
2333 PONCE DE LEON BLVD
STE 600
MIAMI, FL 33134 US

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.

SIGNATURE: MICHELLE M. AUSTIN

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: POTAMKIN, ALAN H
Address: 1350 W. 49TH STREET
City-St-Zip: HIALEAH, FL 33012

Title: D () Delete
Name: RITTER, WALTER H
Address: 1350 W. 49TH STREET
City-St-Zip: HIALEAH, FL 33012

Title: D () Delete
Name: POTAMKIN, ROBERT M
Address: 1350 W. 49TH STREET
City-St-Zip: HIALEAH, FL 33012

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: POTAMKIN, ALAN H
Address: C/O ONE CASUARINA CONCOURSE
City-St-Zip: CORAL GABLES, FL 33143

Title: D/V/P (X) Change () Addition
Name: POTAMKIN, ROBERT M
Address: C/O ONE CASUARINA CONCOURSE
City-St-Zip: CORAL GABLES, FL 33143

Title: VPAS (X) Change () Addition
Name: FARR, VERONICA
Address: C/O ONE CASUARINA CONCOURSE
City-St-Zip: CORAL GABLES, FL 33143

Title: S/T () Change (X) Addition
Name: YUSKO, DAVID A
Address: C/O ONE CASUARINA CONCOURSE
City-St-Zip: CORAL GABLES, FL 33143

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VERONICA FARR

VPAS

04/28/2004

Electronic Signature of Signing Officer or Director

Date