

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90017 013 ***150.00

DOCUMENT # J85743

1. Entity Name

31.991 ACRES, INC.



Principal Place of Business

1926 TENTH AVENUE NORTH, SUITE 400
LAKE WORTH FL 33461
US

Mailing Address

1926 TENTH AVENUE NORTH, SUITE 400
LAKE WORTH FL 33461
US

J4UJ1J00



MOORE CR2E034 (11/03)

2. Principal Place of Business

3230 S. Buffalo Drive

3. Mailing Address

3230 S. Buffalo Drive

Suite, Apt. #, etc.

Suite 108

Suite, Apt. #, etc.

Suite 108

City & State

Las Vegas, NV

City & State

Las Vegas, NV

Zip

89117

Country

USA

Zip

89117

Country

USA

4. FEI Number

65-0095658

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARRA, OLGA E
1926 TENTH AVENUE NORTH, SUITE 400
LAKE WORTH FL 33461

7. Name and Address of New Registered Agent

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME BETORET, FRATERNO VILA
STREET ADDRESS 3990 SHERIDAN ST #104
CITY-ST-ZIP HOLLYWOOD FL

TITLE S ☒ Delete
NAME HAGEN, MAX M.
STREET ADDRESS 3990 SHERIDAN ST #104
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME Andrew Ahn
STREET ADDRESS 182 Grand Street, Apt. 5W
CITY-ST-ZIP New York, NY 10013

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 info empowered.

SIGNATURE:

Andrew Ahn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/04 704-554-5041