

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # K63302

1. Entity Name
ALBERT & WILHELM PROPERTY, INC.



Principal Place of Business
**781 ALLENDALE ROAD
KEY BISCAVNE, FL 33149 US**

Mailing Address
**9260 SW 72ND ST
SUITE 206
MIAMI, FL 33173-3255 US**



04242004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0169350

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HAEGER, JONAS
781 ALLENDALE ROAD
KEY BISCAVNE, FL 33149**

**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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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 **D**
NAME **ARNBACK, CHRISTER**
STREET ADDRESS **781 ALLENDALE ROAD**
CITY- ST- ZIP **KEY BISCAVNE, FL 33149**

TITLE **PTS**
NAME **HAEGER, JONAS**
STREET ADDRESS **781 ALLENDALE ROAD**
CITY- ST- ZIP **KEY BISCAVNE, FL 33149**

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0000001-20118
04/30/04-8:00AM-01 191.00

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IN THIS SPACE**

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

JONAS HAEGER PRESIDENT

4/27/04

Date

305-3659606

Daytime Phone #