

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # K95727

1. Entity Name
3700 SO. DIXIE, INC.



Principal Place of Business
2204 NOTRE DAME DRIVE
LAKE WORTH, FL 33460-6355 US

Mailing Address
2204 NOTRE DAME DRIVE
LAKE WORTH, FL 33460-6355 US



01242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1033852

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEVY, ROBERT S.
1655 PALM BEACH LAKES BLVD.
FORUM III, SUITE 502
WEST PALM BEACH, FL 33401

**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 \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DEJAHAM, ALAIN
STREET ADDRESS 2204 NOTRE DAME DRIVE
CITY-ST-ZIP LAKE WORTH, FL 334606355

TITLE STD
NAME SEIGNER, GERTRUDE
STREET ADDRESS 2204 NOTRE DAME DRIVE
CITY-ST-ZIP LAKE WORTH, FL 334606355

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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03/01/04-80036-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

A. de JAHAM 2-24-04 (SGI) 502-3474