

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90143 001 \*\*\*150.00  
08-09-2004 90143 002 \*\*\*400.00

**DOCUMENT # K98966**

1. Entity Name  
**400 ALHAMBRA CIRCLE CORPORATION**



Principal Place of Business  
**C/O PACIFIC RG MGMT CORP.  
2600 DOUGLAD RD #1004  
CORAL GABLES, FL 33134 US**

Mailing Address  
**C/O PACIFIC RG MGMT CORP.  
2600 DOUGLAD RD #1004  
CORAL GABLES, FL 33134 US**

**00431030**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**07202004 Chg-P CR2E034 (10/03)**

4. FEI Number  
**65-0198558**

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

**MURAI, WALD, BIONDO, & MORENO, PA  
900 INGRAHAM BLDG.  
25 SOUTHEAST 2ND AVENUE  
MIAMI, FL 33131**

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 \$550.00  
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **ISAIAS, ROBERTO**  
STREET ADDRESS **2600 DOUGLAS RD #1004**  
CITY-ST-ZIP **MIAMI, FL**

TITLE **MARIA DEL CARMEN MORIA** ☐ Change ☒ Addition  
NAME **2600 Douglas Road, Suite 1009**  
STREET ADDRESS **ORAL GABLES, FL 33134**  
CITY-ST-ZIP **OFFICER**

TITLE **VDT** ☐ Delete  
NAME **ISAIAS, WILLIAM**  
STREET ADDRESS **2600 DOUGLAS RD #1004**  
CITY-ST-ZIP **MIAMI, FL**

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

TITLE **VDS** ☐ Delete  
NAME **ISAIAS, ESTEFANO**  
STREET ADDRESS **2600 DOUGLAS RD #1004**  
CITY-ST-ZIP **MIAMI, FL**

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

TITLE **V** ☒ Delete  
NAME **SCHULTHEIS, THEODORE**  
STREET ADDRESS **2600 DOUGLAS RD #1004**  
CITY-ST-ZIP **MIAMI, FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #