


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L11126
 1. Entity Name
 2349 CORPORATION



Principal Place of Business
 5901 MIAMI LAKES DRIVE
 MIAMI LAKES, FL 33014

Mailing Address
 5901 MIAMI LAKES DRIVE
 MIAMI LAKES, FL 33014

DO NOT WRITE IN THIS SPACE



07122004 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-0253928 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KAPLAN, MARK
 5901 MIAMI LAKES DRIVE
 MIAMI LAKES, FL 33014

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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 rehashing) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUCHER, ROBERT 1111 BRICKELL AVE. 30TH FL MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS TRUEBA, MARIO 1111 BRICKELL AVE. 30TH FL MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HILL, DWIGHT L. 1111 BRICKELL AVE. 30TH FL MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000166832
 07/13/04-80002-022 150.00

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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:  7/12/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #