

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

03-15-2004 90088 023 ***150.00

DOCUMENT # L11949

1. Entity Name
DADELAND NORTH, INC.



Principal Place of Business
**6605 6661 S, DIXIE HIGHWAY
MIAMI, FL 33143 US**

Mailing Address
**1550 MADRUGA AVE.
STE. 230
CORAL GABLES, FL 33146 US**

94029530



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0153894	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LEITMAN, PHILIP
1550 MADRUGA AVE.
STE. 230
CORAL GABLES, FL 33146**

**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 \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUCHMAN, CLIFFORD L. 1550 MADRUGA AVE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEITMAN, PHILIP 1550 MADRUGA AVE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHANE, MARTIN 1550 MADRUGA AVE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERTS, PETER 1550 MADRUGA AVE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUCHMAN, LAWRENCE 1550 MADRUGA AVE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEIN, SAUL 1550 MADRUGA AVE., STE. 230 CORAL GABLES, FL

**DO NOT WRITE
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: *Peter A. Roberts, Treas.* **PETER A. ROBERTS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/04
Date

305-667-6461
Daytime Phone #