


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 15 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L49962	
1. Entity Name ALOHA INCORPORATED	

Principal Place of Business 1300 COLLINS AVENUE #100 MIAMI BEACH, FL 33139 US	Mailing Address 1300 COLLINS AVENUE #100 MIAMI BEACH, FL 33139 US
--	--



04012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0152967	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	--

**6. Name and Address of Current Registered Agent:**

SCHLESSER, MELVYN  
1300 COLLINS AVENUE  
#100  
MIAMI BEACH, FL 33139

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD SCHLESSER, MELVYN 1300 COLLINS AVE, #100 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEEDS, ARTHUR 215 WEST 83RD STREET NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GERSHON, ROBERT 312 WEST 55TH STREET NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GERSHON, MELVIN 312 WEST 55TH STREET NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

300033109653  
04/20/04--01016--006 \*\*150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MELVYN SCHLESSER

305-531-3655 4/12/04