

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L73534**

1. Entity Name  
**PARTNERS REAL ESTATE INVESTMENT, INC.**



Principal Place of Business  
**1416 N DIXIE HWY  
HOLLYWOOD, FL 33020 US**

Mailing Address  
**1416 N DIXIE HWY  
HOLLYWOOD, FL 33020 US**

**DO NOT WRITE IN THIS SPACE**



03092004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0206850**

Applied For  
Not Applicable

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

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

**LAPIERRE, REJEAN  
7800 W. OAKLAND PARK BLVD  
BLDG G  
SUNRISE, FL 33351**

**DO NOT WRITE  
IN THIS SPACE**

B. 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	PT MURAD, LOWELL 8221 SW 28TH STREET DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS MURAD, MARIA 8221 SW 28TH STREET DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/15/04-80063-022 150.00

**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)(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:** *Lowell Murad*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LOWELL MURAD PRES**

**4/6/04**

Date

**954-920-2452**

Daytime Phone #