

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 11 AM 8:00

DOCUMENT # N01000003146

1. Entity Name
PROJECT RENEWAL, INC.



Principal Place of Business
6550 GRIFFIN RD STE 103
DAVIE, FL 33314

Mailing Address
6550 GRIFFIN RD STE 103
DAVIE, FL 33314



09302004 No Chg-NP

CR2E037 (10/03)

MRS

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-1553806

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Annette E. Ho Tung
6550 Griffin Road.
Suite 103
Davie, FL 33314

**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

Annette E. Ho Tung

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

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
PSD
RUBIN, MARTIN
53 NORTHWEST 108TH WAY
PLANTATION, FL 33324

*8986 NW 39th
Cooper City FL 33024*

300041768523
10/11/04--01017--005 **61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GEIYER, DANIELLE
53 NORTHWEST 108TH WAY
PLANTATION, FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RODRIGUEZ, RICARDO
53 NORTHWEST 108TH WAY
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Martin Rubin MARTIN RUBIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/29/04 (954) 792-9043