

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000019384**

1. Entity Name  
FRIJAS @ MYSTIC POINTE, INC.



Principal Place of Business 3865 LOMBARDY STREET HOLLYWOOD, FL 33021	Mailing Address 3865 LOMBARDY STREET HOLLYWOOD, FL 33021
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03152005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1001153	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

PERLOW, JEFFREY M  
C/O FROMBERG, PERLOW & KORNIK, P.A.  
20801 BISCAYNE BLVD., SUITE 505  
AVENTURA, FL 33180

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2005 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	P FRIJA, RALPH 3865 LOMBARDY STREET HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST FRIJA, HANNAH 3865 LOMBARDY STREET HOLLYWOOD, FL 33021
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U00000338990  
04/28/05-80058-021 150.00

**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: Ralph Frija 4/26/05 9549640802

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