

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90007 027 \*\*\*150.00

**DOCUMENT # P00000024640**

1. Entity Name

**MA-NES PROPERTIES, INC.**



Principal Place of Business

**520 MAJORCA AVENUE  
CORAL GABLES FL 33134**

Mailing Address

**520 MAJORCA AVENUE  
CORAL GABLES FL 33134**

2. Principal Place of Business

**Coral Gables, FL**

Suite, Apt. #, etc.

**n/a**

City & State

**Coral Gables, FL.**

3. Mailing Address

**520 Majorca Avenue**

Suite, Apt. #, etc.

**n/a**

City & State

**Coral Gables, FL**

Zip

**33134**

Country

**USA**

Zip

**33134**

Country

**USA**

4. FEI Number

**65-1018018**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MULLER, CHARLES E II  
7385 GALLOWAY RD., STE. 200  
MIAMI FL 33173**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CHEDIAK, MATEO	
STREET ADDRESS	520 MAJORCA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHEDIAK, ALEXANDER S	
STREET ADDRESS	520 MAJORCA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CHEDIAK, NESIMA	
STREET ADDRESS	520 MAJORCA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pres, VP & Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alexander S. Chediak, Trustee	
STREET ADDRESS	520 Majorca Avenue	
CITY-ST-ZIP	Coral Gables, Florida 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Alexander S. Chediak, P, VP & Sec**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/06/04 305-442-9764**

Date

Daytime Phone #