


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90204 038 ***150.00

| | | | | | |
|---|---|---|---|---|---|
| DOCUMENT # P00000026225 1. Entity Name EIGHT SIXTY SOUTH OCEAN BOULEVARD, INC. | | | |  | |
| Principal Place of Business 2323 ARECA PALM ROAD BOCA RATON, FL 33432 US | | | Mailing Address 2323 ARECA PALM ROAD BOCA RATON, FL 33432 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0997658 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| BYRD, WADE R 350 ROYAL PALM WAY SUITE 409 PALM BEACH, FL 33480 | | | Name Jayne Sylvester Malfitano Street Address (P.O. Box Number is Not Acceptable) 2323 Areca Palm Road City Boca Raton FL Zip Code 33432 | | |
| 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 <u><i>Jayne Malfitano</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>3/29/04</u> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ELIAS, WILLIAM D 1107 N. OLIVE AVE WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD MALFITANO, JAYNE 2323 ARECA PALM RD. BOCA RATON, FL 33432 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <u>Jayne Malfitano</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <u>3/29/04</u> <small>Date</small> | | <u>561-451-7006</u> <small>Daytime Phone #</small> |