

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90005 024 ***150.00

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1. Entity Name

PROMINENT PROPERTIES, INC.



Principal Place of Business

2605 E. ATLANTIC BLVD
SUITE 201B
POMPANO BEACH FL 33062

Mailing Address

375 S.W. 17TH ST.
BOCA RATON FL 33432 *changed*

54017227



MOORE CR2E034 (11/03)

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

7183 NW 123 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PARKLAND FL

4. FEI Number

NO-T APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

33076

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VEILLEUX, PHYLLIS
375 S.W. 17TH ST.
BOCA RATON FL 33432

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

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

Phyllis Veilleux
(NOTE: Registered Agent signature required when reinstating)

DATE

3/9/04

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 ☐ Delete

NAME *D*
STREET ADDRESS *VEILLEUX, PHYLLIS*
CITY-ST-ZIP *2605 E. ATLANTIC BLVD.*
POMPANO BEACH FL 33062

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
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CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Phyllis Veilleux
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/04

Date

954-345-4897

Daytime Phone #