## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 28, 2004 8:00 am Secretary of State DOCUMENT # P00000050211 1. Entity Name 04-28-2004 90181 029 \*\*\*150.00 FLAGLER BUSINESS CENTER CORP. -Principal Place of Business Mailing Address 777 S FLAGLER DRIVE 8TH FLOOR WEST TO 80 SW 8TH STREET 94069572 WEST PALM BEACH FL 33401 SUITE 2000 MIAMI FL 33130 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 65-1010894 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILLER, ROSS Address (P.O. Box Number is Not Acceptable) 2400 W. CYPRESS CREEK RD #100 FORT LAUDERDALE FL 33309 ORNE Flagler 3340 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. Fam familiar with, and accept the obligations of registered agent. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE CEO TITLE ☐ Delete ☐ Addition MILLER, ROSS NAME NAME 11402 SW 25th CT Drive, 62 3332 STREET ADDRESS 2400 W. CYPRESS CREEK RD #100 STREET ADDRESS FORT LAUDERDALE FL 33309 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Addition GYRON, KELLY NAME NAME Bylan, Kelly STREET ADDRESS 2400 W. CYPRESS CREEK RD #100 1451 W. Cypress Creek Rd # 300. STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33309 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

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