


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90216 004 \*\*\*158.70

**DOCUMENT # P00000059494**

1. Entity Name  
 717 RONEY, INC.



Principal Place of Business  
 2500 PARKVIEW DR  
 APT 610  
 HALLANDALE, FL 33009

Mailing Address  
 2500 PARKVIEW DR  
 APT 610  
 HALLANDALE, FL 33009

**54039535**

2. Principal Place of Business  
**600 THREE ISLANDS BLVD.**  
 Suite, Apt. #, etc.  
**1605**

3. Mailing Address  
**600 THREE ISLANDS BLVD**  
 Suite, Apt. #, etc.  
**1605**



02062004 Chg-P CR2E034 (10/03)

City & State  
**HALLANDALE BEACH, FL**

City & State  
**HALLANDALE BEACH, FL**

Zip  
**33009**

Country  
**USA**

4. FEI Number  
 65-1087612

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HARKATZ, DANIEL L  
 2500 PARKVIEW DR APT 610  
 BRYCEVILLE, FL 32009

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**600 THREE ISLANDS BLVD. APT. 1605**

City  
**HALLANDALE BEACH**

State  
**FL**

Zip Code  
**33009**

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  **DANIEL L. HARKATZ** DATE **02/06/04**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	D <input type="checkbox"/> Delete HARKATZ, DANIEL L 2500 PARKVIEW DR APT 610 BRYCEVILLE, FL 32009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HUTIN, ELENA MARTA 2500 PARKVIEW DR APT 610 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600 THREE ISLANDS BLVD. APT. 1605 HALLANDALE BEACH, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600 THREE ISLANDS BLVD. APT. 1605 HALLANDALE BEACH, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **DANIEL L. HARKATZ** DATE **02/06/04** DAYTIME PHONE # **(305) 528-4113**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR