

FILED  
Apr 14, 2004 8:00 am  
Secretary of State

04-14-2004 90017 028 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P00000060187

1. Entity Name  
EMERALDSEAS PROPERTIES, INC.



Principal Place of Business  
1000 ISLAND BLVD., APT. #2204  
AVENTURA, FL 33160

Mailing Address  
1000 ISLAND BLVD., APT. #2204  
AVENTURA, FL 33160

54032723



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082004

Chg-P

CR2E034 (10/03)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

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

LEVY, ABUD  
1000 ISLAND BLVD  
#2204  
AVENTURA, FL 33160

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**

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  
☐ Delete  
D  
LEVY, ABUD  
1000 ISLAND BLVD., APT. #2204  
AVENTURA, FL 33160

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
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CITY- ST- ZIP  
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ABUD LEVY

4/12/04 (305) 932-6262