## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Feb 16, 2004 8:00 am Secretary of State DOCUMENT # P00000090414 02-16-2004 90074 001 \*\*\*300.00 MISSION PALMS INVESTMENTS, INC. Principal Place of Business Mailing Address 7900 MIAMI LAKES DRIVE WEST 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016-5897 MIAMI LAKES, FL 33016-5897 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 65-1043548 Not Applicable Zip Country 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 RODRIGUEZ, CHRISTY Street Address (P.O. Box Number is Not Acceptable) 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016-5897 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP Change TITLE Delete TITLE MAME KISLAK, JAY I NAME KISLAK, JAY I. STREET ADDRESS 7900 MIAMI LAKES DR WEST STREET ADDRESS 7900 MIAMI LAKES DRIVE WEST CITY-ST-ZIP MIAMI LAKES, FL 33016 C!TY-ST-ZIP MIAMI LAKES, FL DVPT TITLE ☐ Delete TITLE **Change** Change ☐ Addition BARTELMO, THOMAS NAME NAME BARTELMO, THOMAS STREET ADDRESS 7900 MIAMI LAKES DR WEST STREET ADDRESS 7900 MIAMI LAKESODRIVE WEST MIAMI LAKES, FL 33016 CITY-ST-ZIP MIAMI LAKES, FL 33016 CITY-ST-ZIP TITLE Delete TITLE **C**Change ☐ Addition NAME LUBOW, CHERYL NAME LUBOW, CHERYL STREET ADDRESS 7900 MIAMI LAKES DR WEST STREET ADDRESS 7900 MIAMI LAKES DRIVE WEST CITY-ST-ZIP MIAMI LAKES, FL 33016 CITY-ST-7IP <u>MIAMI LAKES, FL</u> TITLE XXChange ☐ Addition TITLE AVP ☐ Delete NAME RODRIQUEZ, CHRISTY NAME RODRIGUEZ, CHRISTY STREET ADDRESS 7900 MIAMI LAKES DRIVE WEST STREET ADDRESS 7900 MIAMI LAKES DRIVE WEST CITY-ST-7IP HIALEAH, FL 33016 CITY-ST-7IP MIAMI LAKES, FL 33016 TITLE ☐ Delete TITI F ☐ Change noithh**AdX** NAME NAME BRAUN, STEPHEN STREET ADDRESS STREET ADDRESS 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL CITY-ST-ZIP CITY-ST-ZIP 33016 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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. 305-364-4106

SHINATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS BARTELMO, PRESIDENT

FILED

Daytime Phone #