

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90441 009 ***150.00

DOCUMENT # P01000002424	
1. Entity Name M. REINFELD VENTURES, INC.	

Principal Place of Business 1250 E HALLANDALE BEACH BLVD STE 1006 HALLANDALE, FL 33009	Mailing Address 1250 E HALLANDALE BEACH BLVD STE 1006 HALLANDALE, FL 33009
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94063496

2. Principal Place of Business 1250 E. HALLANDALE BCH BLVD Suite, Apt. #, etc. PH-3	3. Mailing Address 1250 E. HALLANDALE BCH BLVD, Suite, Apt. #, etc. PH-3
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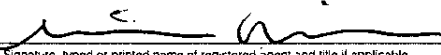
City & State HALLANDALE BEACH FL 33009	City & State HALLANDALE BCH, FLORIDA
Zip 33009	Country USA
Zip 33009	Country USA



04202004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent REINFELD, MIGUEL 1029 WASHINGTON ST HOLLYWOOD, FL 33019	
7. Name and Address of New Registered Agent Name Miguel Reinfeld Street Address (P.O. Box Number is Not Acceptable) 1250 E. Hallandale Beach Blvd. Suite PH-3 City Hallandale Beach FL 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.

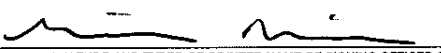
SIGNATURE  (NOTE: Registered Agent signature required when reinstating)

DATE **4/23/04**

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REINFELD, MIGUEL 1250 E HALLANDALE BEACH BLVD #1006 HALLANDALE, FL 33009 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1250 E. Hallandale Beach Blvd # PH-3 Hallandale Beach FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  DATE **4/23/04** DAYTIME PHONE # **954-818-2400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR