FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90441 009 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

94U63424

04202004 Chg-P CR2E034 (10/03)

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

3. Mailing Address: 1250 E. HALLANDALE BCH BLVD.
Suite, Apt. #, etc.: PH-3
City & State: HALLANDALE BCH. FLORIDA
Zip: 33009 Country: USA

4. FEI Number: 65-1066309 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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 [signature] 4/23/04
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		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: [signature] 4/23/04 954-818-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #