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2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State
05-14-2004 90012 021 ***150.00

DOCUMENT # P01000016305

1. Entity Name
ARDELEAN MANAGEMENT, INC.

Principal Place of Business	Mailing Address
8445 PRINGTREE DR OFFICE BLDG SUNRISE, FL 33351	8445 PRINGTREE DR OFFICE BLDG SUNRISE, FL 33351

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04292004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
8445 Springtree Dr	8445 Springtree Dr.
Suite, Apt. #, etc. LEASING	Suite, Apt. #, etc.
City & State Sunrise, Fl	City & State Sunrise, Fl.
Zip 33351 Country USA	Zip 33351 Country USA

4. FEI Number 65-1079617 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ARDELEAN, CONSTANTIN
8445 SPRINGTREE DR
SUNRISE, FL 33351

7. Name and Address of New Registered Agent
Name ARDELEAN CONSTANTIN
Street Address (P.O. Box Number is Not Acceptable) 8445 Springtree Dr
City Sunrise FL Zip Code 33351

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 ________________ DATE ________
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARDELEAN, CONSTANTIN 8445 SPRINGTREE DRIVE SUNRISE, FL 33351	☐ Delete	TITLE NAME STREET ADDRESS 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: Constantin Ardelean 05/11/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #