

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

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

04-26-2004 90990 009 \*\*\*150.00

**DOCUMENT # P01000063285**  
 1. Entity Name  
 2180 CORP.



Principal Place of Business  
 999 BRICKELL AVE STE 500  
 MIAMI FL 33131

Mailing Address  
 999 BRICKELL AVE STE 500  
 MIAMI FL 33131

2. Principal Place of Business  
 1785 N.E. 123<sup>rd</sup> Street  
 Suite, Apt. #, etc.

3. Mailing Address  
 1785 N.E. 123<sup>rd</sup> Street  
 Suite, Apt. #, etc.

City & State  
 North Miami, FL

City & State  
 NORTH MIAMI, FL

Zip  
 33181

Country  
 USA

Zip  
 33181

Country  
 USA



MOORE CR2E034 (11/03)

4. FEI Number 65-1121068 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 NACHLAS, REBECCA  
 999 BRICKELL AVE STE 500  
 MIAMI FL 33131

7. Name and Address of New Registered Agent  
 Name: NACHLAS, REBECCA  
 Street Address (P.O. Box Number is Not Acceptable): 1785 N.E. 123<sup>rd</sup> Street  
 City: NORTH MIAMI FL Zip Code: 33181

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: *Rebecca Nachlas* DATE: 4-22-04

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**  
**Make Check Payable to Florida Department of State**

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	PRES NACHLAS, REBECCA A 999 BRICKELL AVENUE SUITE 500 MIAMI FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT NACHLAS, REBECCA A. 1785 N.E. 123 <sup>rd</sup> Street North Miami NORTH MIAMI, FL 33181	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Rebecca Nachlas* Date: 4-22-04 Daytime Phone #: 305-379-2221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR