

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90029 030 ***150.00

DOCUMENT # P01000069752

1. Entity Name
MOD'LAND INC.



Principal Place of Business
2701 SOUTH BAYSHORE DRIVE
SUITE 402
MIAMI, FL 33133

Mailing Address
2701 SOUTH BAYSHORE DRIVE
SUITE 402
MIAMI, FL 33133

44000000

2. Principal Place of Business
1970 NE Street Bay
Suite, Apt. #, etc.
32 153RD STREET

3. Mailing Address
1970 NE St. Bay 32
Suite, Apt. #, etc.



01092004 Chg-P CR2E034 (10/03)

City & State
North Miami, FL
Zip
33162
Country
USA

City & State
North Miami, FL
Zip
33162
Country
USA

4. FEI Number
75-3054199
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AZRA, BRUNO
2701 SOUTH BAYSHORE DRIVE
SUITE 402
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 _____ 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

TITLE
NAME
D
AZRA, BRUNO
STREET ADDRESS
1970 N.E. 153 RD. ST., BAY 32
CITY - ST - ZIP
NORTH MIAMI BEACH, FL 33162
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
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TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
AZRA, Bruno
STREET ADDRESS
1970 Street Bay 32 153RD STREET
CITY - ST - ZIP
North Miami, FL 33162
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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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: 01/13/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #