## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 30, 2004 8:00 am Secretary of State **DOCUMENT # P01000080900** 04-30-2004 90274 041 \*\*\*150.00 MEDITERRANEAN CONCEPTS CORPORATION Principal Place of Business Mailing Address 7211 MIAMI LAKES DRIVE 7211 MIAMI LAKES DRIVE A-3 MIAMI LAKES, FL 33014 MIAM! LAKES, FL 33014 3. Mailing Address 370 SAN LORENZO AVE 2. Principal Place of Business 370 SAN LORENZO AVE Suite, Apt. #, etc. Suite, Apt. #, etc. 5TE 2435 04272004 CR2E034 (10/03) Chg-P JUITE 2435 City & State CORAL GABLES, FL Applied For City & State 4. FEI Number GABLES, FL 65-1135415 Not Applicable O.S. A \$8.75 Additional 33146 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ARNDT, JO-ANN Street Address (P.O. Box Number is Not Acceptable) **5212 OVERVIEW COURT ORLAND, FL 32819** City Zio Code 8. The above garnes 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete mre 🚉 P RODRIGUEZ, TOMAS E TITLE Change ☐ Addition NAME NAME . . STREET ADDRESS 7211 MIAMI LAKES DRIVE A-3 STREET ADDRESS CITY-ST-7IP MIAMI LAKES, FL 33014 CITY-ST-ZIP ☐ Delete Change MAR TITLE ☐ Addition ARNOT, TIMOTHY A NAME NAME **5212 OVERVIEW COURT** STREET ADDRESS STREET ADDRESS ORLANDO, FL 32819 CITY-ST-70P CITY-ST-ZIP TITLE ☐ Delete MILE [7] Change Addition ARNDT, JO-ANN NAME NAME 5212 OVERVIEW COURT STREET ADDRESS STREET ADDRESS MIAMI LAKES, FL 32819 CITY-ST-ZIP CITY-ST-7IP Delete ☐ Addition NAME MALKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TIBE Change ☐ Addition IIII F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 reserver 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 arrattachment with an address, with all other likelempowered 468-7256 SIGNATURE: NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR