06/24/2004 04:06 7531718 HOWARD

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Sep 08, 2004 8:00 am
Secretary of State
09-08-2004 90120 032 ***158.75

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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000087737

1. Entity Name
THIRTY-FOUR ISLA BAHIA DRIVE, INC.

Principal Place of Business	Mailing Address
10810 HAYDEN DR. BOCA RATON, FL 33498	10810 HAYDEN DR. BOCA RATON, FL 33498

08242004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
34 Isla Bahia Drive		34 Isla Bahia Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: FT. Lauderdale, FL		City & State: FT Lauderdale, FL	
Zip: 33316	County: Broward	Zip: 33316	Country: Broward

4. FEI Number: 65-1140030 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KO, OON TEONG
10810 HAYDEN DR.
BOCA RATON, FL 33498

7. Name and Address of New Registered Agent

Name: John W. Barclam JR
Street Address (P.O. Box Number is Not Acceptable): 34 Isla Bahia Drive
City: fort Lauderdale FL Zip Code 33316

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 8-30-04

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
Due by September 15, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KO, OON TEONG 10810 HAYDEN DR. BOCA RATON, FL 33498	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President John Barclam 34 Isla Bahia Drive fort Lauderdale, FL 33316	☐ 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
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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: ____________ 8-30-04 954-270-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #