

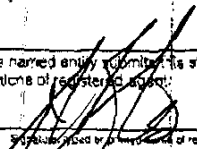
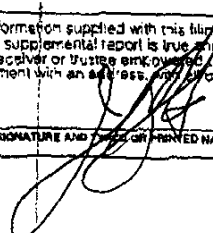
06/24/2004 04:06 7531718

HOWARD

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90120 032 ***158.75

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P01000087737			
1. Entity Name THIRTY-FOUR ISLA BAHIA DRIVE, INC.			
Principal Place of Business 10810 HAYDEN DR. BOCA RATON, FL 33498		Mailing Address 10810 HAYDEN DR. BOCA RATON, FL 33498	
2. Principal Place of Business 34 Isla Bahia Drive		3. Mailing Address 34151A Bahia Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FT. LAUDERDALE FL		City & State FT. LAUDERDALE FL	
Zip 33316		Zip 33316	
Country Broward		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 JOHN W. BUCHANAN JR. 34151A Bahia Drive FT 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	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONAL 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 W. BUCHANAN JR. 34151A BAHIA DRIVE FT 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	
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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(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, and all other like empowered.			
SIGNATURE: 		DATE 8-30-04 DAYTIME PHONE 954-270-9900	
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

44052420

08242004 Chg-P CR2E034 (10/03)