

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90159 033 ***150.00

DOCUMENT # P01000102981

1. Entity Name
GREENACRES RIVER BRIDGE CINEMA 8, INC.



Principal Place of Business
**1003 GRAND ISLE WAY
PALM BEACH GARDENS, FL 33418**

Mailing Address
**1003 GRAND ISLE WAY
PALM BEACH GARDENS, FL 33418**

DO NOT WRITE IN THIS SPACE



03042004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1153272

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DJIJI, CARM
**1003 GRAND DALE WAY
PALM BEACH GARDENS, FL 33418**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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	P
NAME	DJIJI, CARM
STREET ADDRESS	1003 GRAND ISLE WAY
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	S
NAME	DJIJI, SIMA
STREET ADDRESS	1003 GRAND ISLE WAY
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	D
NAME	Michael Hochstetler
STREET ADDRESS	5390 Woodland Lakes DR. Unit 206
CITY-ST-ZIP	Palm Beach Gardens, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04

Date

561-627-3119

Daytime Phone #