

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90075 019 ***150.00

DOCUMENT # P02000002523			
1. Entity Name PHM PROPERTIES, INC.			
Principal Place of Business 10693 WILES ROAD CORAL SPRINGS, FL 33076-2014		Mailing Address 10693 WILES ROAD CORAL SPRINGS, FL 33076-2014	
2. Principal Place of Business 10693 WILES ROAD Suite, Apt. #, etc. #132 City & State CORAL SPRINGS, FL Zip 33076-2014 Country USA		3. Mailing Address 10693 WILES ROAD Suite, Apt. #, etc. #132 City & State CORAL SPRINGS, FL Zip 33076-2014 Country USA	
4. FEI Number 37-1420685		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEINBERG, STEVEN A 7805 SW 6TH CT. PLANTATION, FL 33324		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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME MARINEAU, PAUL STREET ADDRESS 16093 WILES RD., #132 CITY-ST-ZIP CORAL SPRINGS, FL 330762014	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 10693 WILES RD., #132 STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME ELSA MARINEAU STREET ADDRESS 10693 WILES RD., #132 CITY-ST-ZIP CORAL SPRINGS FL 33076-2014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 1-14-04 Daytime Phone # 954-629-6991	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			