

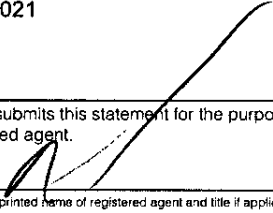
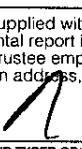


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90021 024 \*\*\*150.00

<b>DOCUMENT # P02000003657</b> 1. Entity Name <b>PARKSIDE ESTATES ASSOCIATES, INC.</b>					
Principal Place of Business <b>3440 HOLLYWOOD BLVD, SUITE 360 HOLLYWOOD, FL 33021</b>				Mailing Address <b>3440 HOLLYWOOD BLVD, SUITE 360 HOLLYWOOD, FL 33021</b>	
2. Principal Place of Business <b>18851 NE 29th Ave</b> Suite, Apt. #, etc. <b>900</b> City & State <b>Aventura - FL</b> Zip <b>33180</b>		3. Mailing Address <b>18851 NE 29th Ave</b> Suite, Apt. #, etc. <b>900</b> City & State <b>Aventura - FL</b> Zip <b>33180</b>			
City & State <b>Aventura - FL</b> Zip <b>33180</b>		City & State <b>Aventura - FL</b> Zip <b>33180</b>		4. FEI Number <b>04-3594770</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01282004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>ROUSSO, MARK E 3440 HOLLYWOOD BLVD, SUITE 360 HOLLYWOOD, FL 33021</b>			7. Name and Address of New Registered Agent Name <b>Roussio, Mark E</b> Street Address (P.O. Box Number is Not Acceptable) <b>18851 NE 29th Ave #900</b> City <b>Aventura</b> FL <b>33180</b>		
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  <b>Mark Roussio</b> 786 279 0000 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST ROUSSO, MARK E 3440 HOLLYWOOD BLVD, SUITE 360 HOLLYWOOD, FL 33021</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>18851 NE 29th Ave #900 Aventura, FL 33180</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D POSNER, GARY D 3440 HOLLYWOOD BLVD, SUITE 360 HOLLYWOOD, FL 33021</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>18851 NE 29th Ave #900 Aventura, FL 33180</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b>  <b>MARK ROUSSO</b> 03/04/04 786 279 0000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					