


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90005 016 \*\*\*158.75

<b>DOCUMENT # P02000039087</b>	
1. Entity Name <b>LIFESTYLE UNDER THE SUN REAL ESTATE, INC.</b>	

Principal Place of Business <b>2000 PGA BLVD, SUITE 2100 PALM BEACH GARDENS, FL 33408</b>	Mailing Address <b>2000 PGA BLVD, SUITE 2100 PALM BEACH GARDENS, FL 33408</b>
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2. Principal Place of Business <b>12230 W Forest Hill Blvd</b>	3. Mailing Address <b>12230 W Forest Hill</b>
Suite, Apt. #, etc. <b>Suite 174</b>	Suite, Apt. #, etc. <b>Suite 174</b>
City & State <b>Wellington, FL</b>	City & State <b>Wellington, FL</b>
Zip <b>33414</b>	Country <b>US</b>

	
01082004	Chg-P CR2E034 (10/03)
4. FEI Number <b>43-1957270</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>TAVERNISE, WILLIAM A JR. 12011 POINCIANA BLVD. #204 ROYAL PALM BEACH, FL 33411</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P TAVERNISE, WILLIAM JR 12011 POINCIAN BLVD, 204 ROYAL PALM BEACH, FL 33411</b> <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	<b>V PUCCIO, SALVATORE 10297 NW 53RD CT CORAL SPRINGS, FL 33076</b> <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	<b>Secretary/Treasurer Tavernise, Andrea 12011 Poinciana Blvd., 204 Royal Palm Beach, FL 33411</b> <input type="checkbox"/> Change <input checked="" 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:**  **William Tavernise Jr.** 1/2/04 561-227-1551  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #