

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

02-09-2004 90049 002 \*\*\*150.00

**DOCUMENT # P02000054511**

1. Entity Name  
**FITON CONSTRUCTION MANAGEMENT AT AVENUE  
LOFTS, INCORPORATED**



Principal Place of Business  
**P. O. BOX 30503  
FT. LAUDERDALE, FL 33303**

Mailing Address  
**P. O. BOX 30503  
FT. LAUDERDALE, FL 33303**

**00403650**



**DO NOT WRITE IN THIS SPACE**

01302004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>04-3681970</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**ROBLES, ANTONIO L**  
~~**6556 N.W. 87TH AVENUE**~~  
~~**PARKLAND, FL 33067**~~  
**8500 N.W. 35TH STREET, TownHouse #2**  
**CORAL SPRINGS, FL 33065**

**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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY - ST - ZIP	PT ROBLES, LESBOR A PO BOX 30503 FORT LAUDERDALE, FL 33303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS ROBLES, RODOLFO E PO BOX 30503 FORT LAUDERDALE, FL 33303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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:** *L. Antonio Robles* **L. ANTONIO ROBLES, PRESIDENT** **3/8/04** **954-523-1100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #