## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 04, 2004 8:00 am Secretary of State

DOCUMENT # P02000070560  1. Entity Name TUSCANY ASSOCIATES, INC.								04-30-	2004 90	352 043 *	***1 <i>5</i> 0.00	
Principal Place of Business 2601 S BAYSHORE DR STE 1000 MIAMI, FL 33133				Mailing Address 2601 S BAYSHORE DR STE 1000 MIAMI, FL 33133				66426608				
2. Principal Pl	ace of Business		3. M	ailing Address	<u> </u>							
Suite, Apt. #, etc.			S	Suite, Apt. #, etc.			04292004	Chg-P		34 (10/03)	.507 11 1	
City & State			c	City & State			4. FEI Numb			Ар	plied For	
Zip	Co	untry	Z	qi	Coun	lry	76-070 5. Certificate	of Status Desired		\$8.75 Add		
·	6. Name and	Address of C	Current Registe	ored Agent	_l		7. Name and	Address of New F	Registered	Fee Required Agent	<u> </u>	
-KEEIN. BR	ENT-D-≑=-~	الميد الاصطلاح			- دريور سم	Name	<u> </u>	Tue		= = =	·	
801 BRICKELL AVE STE 1901 MIAMI, FL 33131				<del></del>	Street Address (P.O. Box Number is Not Acceptable)							
111174114, 1 E 00101					·							
						City			FL	Zip Code	2	
	named entity sub- ons of registered		ement for the pu	rpose of changing l	s register	ed office or regis	stered agent, or bo	th, in the State of Fl	orida. I am	familiar with,	and accept	
SIGNATURE_												
	Signsture, typed or print	ec name of registr	ered agent and title if	applicable. (NO	TE: Registere	d Agent signature requ	ired when reinstating)		DATE			
FILI After Ma	E NOWIII FEI ny 1, 2004 Fe	E IS \$150. e will be	.00 \$550.00	Election Camp     Trust Fund Cor		ncing \$	55.00 May Be added to Fees	,				
10.	D	OFFICE	RS AND DIREC		11.		ADDITIONS	CHANGES TO OFF	ICERS AND			
TITLE NAME	BERMELLO, V	VILLY A		Delete	TITU NAM					☐ Change	Addition	
STREET ADDRESS   CITY-ST-ZIP	2601 S BAYSI MIAMI, FL 33		STE 1000			ET ADDRESS -ST-ZIP						
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CITY-ST-ZIP	Avturo 2601 S MIGMI	£ 3	23133			-ST-ZIP	2601 S.	FL 331	33			
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NAME				EJ Deste	NAN	IE )						
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TITLE	<u> </u>			☐ Delete	TITL					☐ Change	☐ Addition	
NAME STREET ADDRESS					NAA STR	EET ADDRESS						
CITY-ST-ZIP						/- ST-ZIP	,					
indicated of the cor	on this report or s poration or the re-	supplemental ceiver as trus ent will an a	l report is true a tee empowered	ng does not qualify nd accurate and tha to execute this repo other like empowere	t my signa irt as requ id.	iture shall have the state of the shall have the sh	Section 119.07(3 he same tegal effe 607, Florida Statui	(i), Florida Statutes, ct as if made under es; and that my nan	oath; that I ne appears	rtify that the ir am an officer in Block 10 or	nformation or director r Block 11 if	