

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90310 001 ***150.00

DOCUMENT # P02000071626

1. Entity Name
9300 FOUNTAINBLEAU, CORP.



94049750

Principal Place of Business
C/O ROTH, ROUSSO & DARRACH, P.A.
3440 HOLLYWOOD BLVD STE 360
HOLLYWOOD, FL 33021

Mailing Address
C/O ROTH, ROUSSO & DARRACH, P.A.
3440 HOLLYWOOD BLVD STE 360
HOLLYWOOD, FL 33021

2. Principal Place of Business
18851 NE 29th AV
Suite, Apt. #, etc.
900
City & State
Aventura, FL
Zip 33180 Country USA

3. Mailing Address
18851 NE 29th AV
Suite, Apt. #, etc.
900
City & State
Aventura, FL
Zip 33180 Country USA

01262004 Chg-P CR2E034 (10/03)

4. FEI Number
43-1966617
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROTH, LEONARDO A ESQ
C/O ROTH, ROUSSO & DARRACH, P.A.
3440 HOLLYWOOD BLVD STE 360
HOLLYWOOD, FL 33021

Name LEONARDO A. ROTH
Street Address (P.O. Box Number is Not Acceptable)
18851 NE 29th AV, STE 900
City Aventura FL Zip Code 33180

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 LEONARDO A. ROTH 4/6/04
Signature, typed or printed name of registered agent and title, if applicable. (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPT	ARANCIBIA, JORGE HUGO	RTUA 25 KM 7500 MANZANA 132, LOTE2	CLUB DE CAMPO SAN DIEGO1744,	<input type="checkbox"/>
DVS	ARANCIBIA, JORGE HUGO	RTUA 25 KM 7500 MANZANA 132, LOTE2	CLUB DE CAMPO SAN DIEGO1744,	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: JORGE HUGO ARANCIBIA 4/6/04 86-278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #