


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-12-2004 90304 010 \*\*\*150.00

DOCUMENT # P02000091577	
1. Entity Name AQUILA LAKES PLAZA, INC.	

Principal Place of Business 3111 N. UNIVERSITY DRIVE SUITE 725 CORAL SPRINGS, FL 33065	Mailing Address 3111 N. UNIVERSITY DRIVE SUITE 725 CORAL SPRINGS, FL 33065
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94049441

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 1000		Suite, Apt. #, etc. 1000	
City & State		City & State	
Zip	Country	Zip	Country

03232004 Chg-P CR2E034 (10/03)

4. FEI Number 11-3650654	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  PAUL, JORDAN 3111 N. UNIVERSITY DRIVE SUITE 725 1000 CORAL SPRINGS, FL 33065	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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.

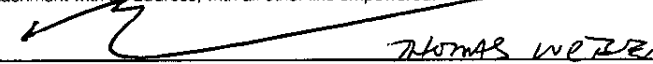
SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D WEBER, THOMAS P 3111 N. UNIVERSITY DR. CORAL SPRINGS, FL 33065	
D JORDAN, PAUL 3111 N. UNIVERSITY DR. CORAL SPRINGS, FL 33065	
D BELEW, ANDREW 3111 N. UNIVERSITY DR. CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STE 1000	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STE 1000	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<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: 	3/30/04	954-340-6722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #