


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

04-12-2004 90332 010 \*\*\*150.00

**DOCUMENT # P02000093068**

1. Entity Name  
 UNIT 1708-2080 INC.



Principal Place of Business      Mailing Address  
 520 BRICKELL KEY DR STE 0-305      520 BRICKELL KEY DR STE 0-305  
 MIAMI, FL 33131      MIAMI, FL 33131

**14001391**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

01072004      Chg-P      CR2E034 (10/03)

City & State      City & State

4. FEI Number      Applied For  
 43-1976975      Not Applicable

Zip      Country      Zip      Country

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

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

TRANSGLOBAL CORPORATE ADMINISTRATION, INC.  
 520 BRICKELL KEY DR STE 0-305  
 MIAMI, FL 33131

**7. Name and Address of New Registered Agent**

Name: Transglobal Corporate Administration, LLC  
 Street Address (P.O. Box Number is Not Acceptable):  
520 Brickell Key Dr Suite 0-305  
 City: Miami      State: FL      Zip Code: 33131

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:       DATE: 4/6/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**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	D	<input type="checkbox"/> Delete
NAME	MAILHOS, MARIA C	
STREET ADDRESS	520 BRICKELL KEY DR STE 0-305	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	AS	<input type="checkbox"/> Delete
NAME	STANHAM, NICHOLAS	
STREET ADDRESS	520 BRICKELL KEY DR., #305	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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: Nicholas Stanham      Date: 01-22-04      Daytime Phone #: 305 3743800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR