


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90026 036 ***150.00

DOCUMENT # P02000097763

1. Entity Name
 2316 SOUTH DIXIE, INC.



Principal Place of Business Mailing Address

C/O PEDRO MORRISON C/O PEDRO MORRISON
 222 LAKEVIEW AVE PH5 222 LAKEVIEW AVE PH5
 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401

54020310

2. Principal Place of Business 3. Mailing Address

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



03092004 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For

68-0525846 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

SISKIND, JEFFREY M ESQ
 375 SOUTH COUNTY RD STE 200
 PALM BEACH, FL 33480

7. Name and Address of New Registered Agent

Name
Carlos Morrison

Street Address (P.O. Box Number is Not Acceptable)
222 Lakeview Ave PH5

City State Zip Code
West Palm Beach FL 33401

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: *Carlos Morrison* DATE: *3-9-2004*

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORRISON, PEDRO	
STREET ADDRESS	222 LAKEVIEW DR PH5	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRISON, CARLOS	
STREET ADDRESS	222 LAKEVIEW DR PH5	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
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
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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: *Carlos Morrison* DATE: *3-9-2004* *501 832 6070*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Check Print