2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000100966

1. Entity Name



FILED Apr 16, 2004 8:00 am Secretary of State 04-16-2004 90020 030 ***150.00

VIERABI	OULEVAR	SD JOINT VENTU	RE, INC.								
Principal Plac COMMERCIAL 1120 PALME MELBOURNE	L INVESTMEN Etto ave	IT REAL ESTATE, INC.	Mailing Address COMMERCIAL INVESTMENT REAL ESTATE, INC. 1120 PALMETTO AVE MELBOURNE, FL 32901					1260 (1011 - 1614) 1 0111 60			33808
2. Principal Place of Business			3. Mailing Address				7-1-1				
Suite, Apt. #, etc.			Suite, Ap			04122004	Chg-P	CR2E03	34 (10/03)		
City & State			City & St			4. FEI Number 55-0799	371		<u> </u>	plied For at Applicable	
Zip Country		Zip	Zip Çou			5. Certificate of	f Status Desired		8.75 Add ee Require		
6. Name and Address of Current Registered Agent					Name	***************************************	7. Name and	ddress of New F	Registered A	gent	
STIVERS, JACIE 1120 PALMETTO AVE MELBOURNE, FL 32901					Street A	ddress ((P.O. Box Number	is Not Acceptable	e)		
					City				FL	Zip Cod	e
8. The above	named entity	submits this statement for	or the purpose	of changing its re	egistered office of	r register	red agent, or both	, in the State of FI		amiliar with,	and accept
the obligat	tions of registe	ered agent.		-			-				
SIGNATURE		or printed name of registered ageni	and title if applicable	B. (NOTE:	Registered Agent signs	lure required	d when reinstating)		DATE		
FIL After M	E NOW!!! ay 1, 2004	FEE IS \$150.00 Fee will be \$550.		lection Campaig			.00 May Be ded to Fees				
TITLE	Р	11.	מפו		HANGES TO OF	FICERS AND	DIRECTOR Change	S IN 11			
NAME Street Address	SMITH, RON			NAM		180	M SMIH OCHRIVET VELDOUT	vewDr	- 129901	Change	[] Addator
TITLE NAME	S STIVERS,			☐ Delete	· TITLE NAME	SD				⊠ Change	Addition
STREET ADDRESS CITY+ST-ZIP		METTO AVE RNE, FL 32901			STREET ADDRESS CITY-ST-ZIP						
THILE NAME STREET ADDRESS CITY-ST-ZIP		بالم		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		NES E.S O Pal Me elbourn			Change	X Addition
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TITLE NAME STREET ADDRESS CITY-ST-7IP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete ,	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated	certify that the	information supplied with or supplied with or supplemental report to receive on trusted emp	h this filing doe	es not qualify for turate and that m	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemption st y signature shall	ated in Se	ection 119.07(3)(i same legal effect	, Florida Statutes, as if made under	I further cerl	ify that the i	nforma