

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90026 028 \*\*\*150.00

**DOCUMENT # P02000134093**



1. Entity Name  
**FLORIDA PROPERTIES GROUP, INC.**

Principal Place of Business  
**6363 TAFT STREET  
SUITE 309  
HOLLYWOOD, FL 33024**

Mailing Address  
**6363 TAFT STREET  
SUITE 309  
HOLLYWOOD, FL 33024**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01212004 Chg-P CR2E034 (10/03)

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number  
**98-1293779 48-1293779**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**MACRI, DAVID S  
3900 HOLLYWOOD BLVD.  
303  
HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent

Name **David S. Macri**  
Street Address (P.O. Box Number is Not Acceptable)  
**6363 Taft St. #309**  
City **Hollywood** FL Zip Code **33024**

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

**1/28/04**

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P FREYRE, CARLOS A 7869 NW 17 PL PEMBROKE PINES, FL 33024</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MACRI, DAVID S PO BOX 813936 HOLLYWOOD, FL 33081</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

**1/28/04 934-983-6600**

Date

Daytime Phone #



Attachment  
24006023

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

January 21, 2004

FLORIDA PROPERTIES GROUP, INC.  
6363 TAFT STREET  
SUITE 309  
HOLLYWOOD, FL 33024

SUBJECT: FLORIDA PROPERTIES GROUP, INC.  
Ref. Number: P02000134093

We have received your document for FLORIDA PROPERTIES GROUP, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers  
Document Specialist

Letter Number: 104A00003613

(850) 546-1177

Don't have a document? Call us for more information.

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## Division of Corporations

24006023

## Annual Report

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Business Entity Name

FLORIDA PROPERTIES GROUP, INC.

FEI Number 981293779  
FEI Number Status ☐ Applied For ☐ Not Applicable ☒ Current  
Certificate of Status Desired ☐ Yes ☒ No \$8.75 each

## Principal Place of Business

Address 6363 TAFT STREET  
Suite, Apt. #, etc. SUITE 309  
City, State HOLLYWOOD FL  
Zip Code & Country 33024

## Mailing Address

Address 6363 TAFT STREET  
Suite, Apt. #, etc. SUITE 309  
City, State HOLLYWOOD FL  
Zip Code & Country 33024

## Name And Address of Registered Agent

Name (Last, First, Middle, Title) MACRI DAVID S

-or- RA Business Name

Address 6363 Taft St.  
Suite, Apt. #, etc. 309  
City, State HOLLYWOOD FL  
Zip Code & Country 33024 US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

24006023



## Division of Corporations

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Business Entity Name

**FLORIDA PROPERTIES GROUP, INC.**

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

#### Officer/Director Name And Address

Title P  
Name (Last, First, Middle, Title) FREYRE CARLOS A  
-or- Entity Name  
Street Address 7869 NW 17 PL  
City, State PEMBROKE PINES FL  
Zip Code & Country 33024

Title V  
Name (Last, First, Middle, Title) MACRI DAVID S  
-or- Entity Name  
Street Address PO BOX 813936  
City, State HOLLYWOOD FL  
Zip Code & Country 33081

Title  
Name (Last, First, Middle, Title)  
-or- Entity Name  
Street Address  
City, State  
Zip Code & Country

Title  
Name (Last, First, Middle, Title)  
-or- Entity Name  
Street Address

Division of Corporations

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City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

v

Officer/Director Signature David Macri



Continue

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