2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State
03-05-2004 90016 004 ***150.00

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1. Entity Name
SOUTHERN COUNTRY ESTATES, INC.

06406846

03012004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
1290 WESTON ROAD SUITE 300 FORT LAUDERDALE, FL 33331	1290 WESTON ROAD SUITE 300 FORT LAUDERDALE, FL 33331

2. Principal Place of Business	3. Mailing Address
1200 Weston Rd	1200 Weston Rd
Suite, Apt. #, etc.: Penthouse	Suite, Apt. #, etc.: Penthouse
City & State: Weston, FL	City & State: Weston, FL
Zip: 33326 Country: USA	Zip: 33326 Country: USA

4. FEI Number: 56-2315753 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEGAL INFORMATION SERVICES
1200 WESTON ROAD
PENTHOUSE
WESTON, FL 33326

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 ______ 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTELLANO, ROBERT 1290 WESTON ROAD PENTHOUSE FORT LAUDERDALE, FL 33331 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Castellano, Robert 1200 Weston Road, Penthouse Weston, FL 33326 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLETT, MICHAEL 36 FIESTA WAY FORT LAUDERDALE, FL 33301 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ 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	☐ 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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/1/04 Daytime Phone #: (954) 214-4733