

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 21, 2004 8:00 am
Secretary of State

04-08-2004 90249 001 ***300.00

DOCUMENT # P03000004072					
1. Entity Name OKEECHOBEE 4935, INC.					
Principal Place of Business 4935 OKEECHOBEE BLVD WEST PALM BEACH FL 33417 US			Mailing Address P.O. BOX 741235 BOYNTON BEACH FL 33474 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 260057219	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMONSON, PAUL E 49 PRINCEWOOD LANE PALM BEACH GARDENS FL 33410				7. Name and Address of New Registered Agent Name Brian Bauer Street Address (P.O. Box Number is Not Acceptable) 4315 U. Trade winds ave. City Lauderdale by the sea FL Zip Code 33308	
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 Brian Bauer Signature of registered agent and sole if applicable. (If not, Registered Agent's signature required when reinstating)				DATE 3-30-04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				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 1)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President BAUER, BRIAN 4448 N.W. 105TH AVENUE PLANTATION FL 33322 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAUER, HELENE 7278 KAHANA DRIVE BOYNTON BEACH FL 33437 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Bauer, Jerry 7278 Kahana dr. Boynton beach, FL 33437 ☐ 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		
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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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE 3-30-04 Date	

4315 U. Trade winds ave.
Lauderdale by the sea, FL 33308