



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90431 031 ***150.00

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|---|---|---|--|---|--|
| DOCUMENT # P03000028617 1. Entity Name FLORIBBEAN PROPERTIES, INC. | | | |  | |
| Principal Place of Business 3055 HARBOR DRIVE 615 Bayshore Dr APT. 903 700 FT. LAUDERDALE, FL 33316 33304 | | | | Mailing Address 3055 HARBOR DRIVE 615 Bayshore Dr APT. 903 700 FT. LAUDERDALE, FL 33316 33304 | |
| 2. Principal Place of Business 615 Bayshore Dr Suite, Apt. #, etc. 700 | | 3. Mailing Address 615 Bayshore Dr Suite, Apt. #, etc. 700 | | 94064430  | |
| City & State FT. LAUDERDALE FL Zip 33304 | | City & State FT. LAUDERDALE FL Zip 33304 | | 4. FEI Number 42-1581002 Applied For <input type="checkbox"/> Not Applicable | |
| Country U.S.A | | Country U.S.A | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MALONE, RICHARD C 3055 HARBOR DRIVE 615 Bayshore Dr APT. 903 700 FT. LAUDERDALE, FL 33316 33304 | | | | 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 <u><i>[Signature]</i></u> owner 4/21/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete MALONE, RICHARD C 615 Bayshore Dr 3055 HARBOR DRIVE APT. 903 700 FT. LAUDERDALE, FL 33316 33304 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
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| 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 | | | | |
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| 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)(j), 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: <u><i>[Signature]</i></u> 4/21/04 9545654667 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |