

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90007 033 \*\*\*150.00

**DOCUMENT # P03000058437**

1. Entity Name

TRG - LAS OLAS BEACH CLUB, INC.

DAVID S.



Principal Place of Business

2828 CORAL WAY, PENTHOUSE STE  
MIAMI FL 33145

Mailing Address

2828 CORAL WAY, PENTHOUSE STE  
MIAMI FL 33145

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

☒ Applied For...  
☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNANDEZ, ANGEL  
2828 CORAL WAY, PENTHOUSE STE  
MIAMI FL 33145

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**

**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

TITLE	D	<input type="checkbox"/> Delete
NAME	PEREZ, JORGE M	
STREET ADDRESS	2828 CORAL WAY, PENTHOUSE STE	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, JORGE M	
STREET ADDRESS	2828 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERNANDEZ, ANGEL	
STREET ADDRESS	2828 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROCHA, ROBERTO	
STREET ADDRESS	2828 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALDI, ANDREW	
STREET ADDRESS	2828 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN, MATT	
STREET ADDRESS	2828 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thompson, William	
STREET ADDRESS	2828 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33145	

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 law 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:

*Angel Hernandez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE-PRESIDENT

2-10-04

305

460-9900

Date

Daytime Phone #