2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

1. Entity Name	MENT # P030000592	40			05-03-2004 90412	018 ***150.	00
Principal Place of Business Mail		Mailing Address			0.400.001		
1 1 -		4000 COLLINS AVENUE			94080081		
512 Miami Beach	I, FL 33140 US	512 Miami Beach, FL 33140	US	}		. •	
<u> </u>		14.25					
2. Principal Place of Business 900 West Ave 900 west][18748 1874 1894 6 844 5 844 6 444 6 844 6 444 6 844 6 844 6 844 6 844 6 844 6 844 6 444 6 444	<u> </u>	
Suite, Apt. #. etcSuite, Apt. #. etc			<i>A</i> v€	02162004	-Chg-PCR2	E034 (10/03)	
City & State	e 427.	Suite 425 City & State					nied For
			ach FL 4. FEI Number 4. FEI Number		<u> </u>	plied For t Applicable	
Zip Country Zip Cou			Country		e of Status Desired	\$8.75 Add	litional
3313	6. Name and Address of Current Reg	33\39	<u> 945 </u>		d Address of New Register	Fee Require	d ———
-	o. Name and Address of Carrent fleg	istored Agont	Name	r. Haille all	d Address of New Registers	eu Agent	
GARCIA, MARTIN A			Street A	Street Address (P.O. Box Number is Not Acceptable)			
4000 COLLINS AVENUE 512			Sireer	Street Address (F.O. Box Number is Not Acceptable)			
MIAMI BEACH, FL J3314-0							
,			City	FL Zip Code			
8. The above	named entity submits this statement for the	purpose of changing its reg	gistered office o	r registered agent, or b	oth, in the State of Florida. 1:	am familiar with,	and accept
the obligation	ons of registered agent.						
SIGNATURE_		Alore of					
	Signature, typed or printed name of registered agent and ti	lie if applicable. (NOTE: He	egistered Agent signal	ure required when reinstating)	DA*		
FILE NOW!!!-FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Trust Fund Contrib				\$5:00 May Be Added to Fees			
10.	OFFICERS AND DIR	ECTORS	11.		CHANGES TO OFFICERS A	ND DIRECTORS	SIN 11
"""	P GARCIA, MARTIN A	☐ Delete	TITLE	Water B	C0-20	2 Change	☐ Addition
NAME STREET ADDRESS	4000 COLLINS AVENUE APT 512		NAME Street address	900 Wes	st Auc ste	# 42	n
1	MIAMI BEACH, FL 33140		CITY-ST-ZIP		Beach, FL	33139	ā'
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
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CITY-ST-ZIP			CITY-ST-ZIP	 -			- Address
NAME		☐ Delete	NAME			Change	☐ Addition
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CITY-ST-ZIP	••• • • • • • • • • • • • • • • • • •		CITY-ST-ZIP	·	Land Comment of the C		
TITLE		☐ Delete	TITLE			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.

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

Delete

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

MICHOLOS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEP) 418-2220

Change

Addition