# **2004 FOR PROFIT CORPORATION**

#### May 07, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR) DOCUMENT # P03000066831** 04-20-2004 90021 023 \*\*\*100.00 BLOCK FAMILY REAL ESTATE INC. 05-07-2004 90113 048 \*\*\*\*50.00 Principal Place of Business Mailing Address 3327 NW 69TH STREET 3327 NW 69TH STREET FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLOCK, PAULA M --Street Address (P.O. Box Number is Not Acceptable) 3327 NW 69TH STREET FT LAUDERDALE FL 33309 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee Will be \$550.00 ... Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition NAME BLOCK, PAULA M NAME **3327 NW 69TH STREET** STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33309 CHY-ST-712 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME BLOCK, BOB J NAME STREET ADDRESS 3327 NW 69TH STREET STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33309 CITY-STEZIP TITLE. Defete TIT) F Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 embowered to executions 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

FILED

Daytime Phone #

NAME OF BIGHING OFFICER OR DIRECTOR

**SIGNATURE** 

P03000066831

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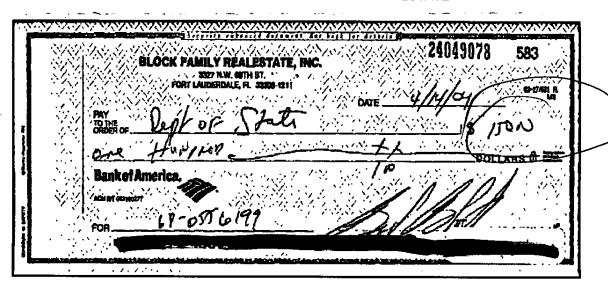
**Amount: \$100.00** 

Reference: 86540931422 Account:

Nickname:

**BLOCK FAMILY REAL** 

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