## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 12, 2004 8:00 am Secretary of State **DOCUMENT # P03000119314** 04-12-2004 90249 044 \*\*\*150.00 DEZER SOUTH ONE, INC. Principal Place of Business Mailing Address **18101 COLLINS AVENUE** 10000010 18101 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160 SUNNY ISLES BEACH, FL 33160 3. Mailing Address 2. Principal Place of Business 18001 CO11/10 Havenue 18001 COLLADAMENUL Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) Chg-P 03312004 3bt Ploor 9017 72K City & State Applied For 4. FEI Number City & State Not Applicable 77-06/2 Uny Des Beam, FL scach Fl \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FIELDSTONE, RONALD R Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE., SUITE 601 CORAL GABLES, FL 33134 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 and the second of the second o the obligations of registered agent. age construction of the trace is the paragraphic of a Section 1700 for the contraction that the contract of th 12, thereby osney incline of a rate of 经线 化异元油 動學 SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 in design ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 10. -Addition Change TITLE D ☐ Delete TITLE NAME SALMON, LESLIE NAME STREET ADDRESS 18101 COLLINS AVENUE STREET ADDRESS CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160 CITY-ST-ZIP ☐ Channe ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME MAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 700-7-0 CITY-ST-ZIP--CITY-ST-ZIP" ☐ Addition Change 556 My 22 2 /00/27 to 11:67 20 Delete Corsuo COMA ENGIN PRECO 12'00 LFABO Eseconu Camberda NAME 440 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP:Cues o east types ( Model Etype (1) act) rates and about sufficient in the second of the second contractions and the second contractions are second contractions. 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.

FILED

Daytime Phone #