2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90719 048 ***150.00

J4U0U634

DOCUMENT # P03000123020

1. Entity Name
SUNCOAST PREFERRED INVESTMENT CORP.

Principal Place of Business	Mailing Address
1705 BAYOU GRANDE BLVD., NE ST. PETERSBURG, FL 33703	1705 BAYOU GRANDE BLVD., NE ST. PETERSBURG, FL 33703

2. Principal Place of Business		3. Mailing Address	
11100 66th St N			
Suite, Apt. #, etc.: Ste 4b		Suite, Apt. #, etc.	
City & State: Largo FL		City & State	
Zip: 33773	Country: USA	Zip	Country

04222004 Chg-P CR2E034 (10/03)

4. FEI Number 56-2410659 ☐ 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
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	Name: Andra Salveggi Street Address (P.O. Box Number is Not Acceptable): 6740 Crosswinds Dr N Suite L-1 City: St. Petersburg FL Zip Code: 33710

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] 4/29/04
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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RICHARDS, MICHAEL 1705 BAYOU GRANDE BLVD., NE ST. PETERSBURG, FL 33703 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D DIAZ, Robert 7210 PARK ST S ST Petersburg FL 33707 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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.

SIGNATURE: [signature] 4/29/14 727-204-6187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #