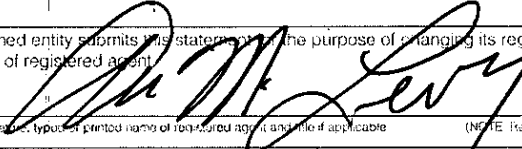
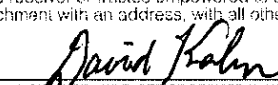


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000144072 1. Entity Name 8181 PARK, INC.			
Principal Place of Business 1428 BRICKELL AVE, EIGHTH FLOOR MIAMI, FL 33131		Mailing Address 1428 BRICKELL AVE, EIGHTH FLOOR MIAMI, FL 33131	
2. Principal Place of Business 4901 NW 17 Way Suite, Apt. #, etc. 103 City & State Ft Lauderdale FL Zip 33309 Country USA		3. Mailing Address 4901 NW 17 Way Suite, Apt. #, etc. 103 City & State Ft Lauderdale FL Zip 33309 Country USA	
4. FEI Number 83-0378827		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		07192004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent MANASTER, JOSHUA D ESQ 1428 BRICKELL AVE MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Arian Levy Street Address (P.O. Box Number is Not Acceptable) 4901 NW 17 Way Ste 103 City Ft Lauderdale FL Zip Code 33309	
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:  DATE: 7/29/04			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAHN, DAVID 1327 H 46 ST BROOKLYN, NY 11219	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200040166612 08/13/04--01043--002 **\$676.25	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ 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: 		DATE: 7/26/04 (95A) 491-5505	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

FILED
04 AUG -4 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

