2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000144072

1. Entity Name
8181 PARK, INC.

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

Principal Place of Business	Mailing Address
1428 BRICKELL AVE, EIGHTH FLOOR MIAMI, FL 33131	1428 BRICKELL AVE, EIGHTH FLOOR MIAMI, FL 33131

07192004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4901 NW 17 Way	4901 NW 17 Way
Suite, Apt. #, etc. 103	Suite, Apt. #, etc. 103
City & State Ft Lauderdale FL	City & State Ft Lauderdale FL
Zip 33309 Country USA	Zip 33309 Country USA

4. FEI Number 83-0378827 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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 Alan 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 [signature] 7/29/04
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
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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KAHN, DAVID	NAME	
STREET ADDRESS	1327 H 46 ST	STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN, NY 11219	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	200040166612
STREET ADDRESS		STREET ADDRESS	08/13/04--01043--002 **676.25
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 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: David Kahn DAVID Kahn 7/26/04 (954) 491-5505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #