2004 FOR PROFIT CORPORATION

FILED Jul 16, 2004 8:00 am Secretary of State

ANNUAL REPURI				Secretary of State			
1. Entity Nam	MENT # P0400000	0565			6-2004 90008		
Principal Place of Business A		Mailing Address			EAnn	0 M 0 5	
1665 WASHINGTON AVE MIAMI, FL 33139		1665 WASHINGTON AVE Miami, Fl 33139				2740	
2. Principal Place of Business 3.		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07072004 Chg-P	CR2E03	4 (10/03)	
City & Stat	e :	City & State		\$ FEI Number 30~076597	3	Applied I Not Appl	
Zip	Country	Zip	Country	5. Certificate of Status De		8.75 Additional ee Required	
Name and Address of Current Registered Agent			Name	7. Name and Address of	New Registered A	gent	
MIAMI, FL BEACI			City	·	FL	Zip Code	
	named entity submits this statement in tions of registered agent. Signature, typed or printed name of registered agen.		registered office of registe		DATE	miliar with, and a	- -
	LE NOWIII FEE IS \$550.00 ue by September 8, 2004	9. Election Campai Trust Fund Contr		i.00 May Be ded to Fees		-	
10.	OFFICERS AND	DIRECTORS	11,	ADDITIONS/CHANGES T	O OFFICERS AND	DIRECTORS IN 1	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRENALD, BENJAMIN 1800 NE 114 ST MIAMI, FL 33161	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ A	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CIMENT, NORMAN 1665 WASHINGTON AVE MIAMI, FL 33139	☐ Delete	TITLE . NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ A	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Change ☐ A	Addition —

12. I hereby certify that the information supplied with this filling 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 the empowered.

TITLE

NAME

NAME STREET ADDRESS

NAME Street address

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

NAME

TITLE

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Delete

Delete

7/14/04

305-532-6/02

Daytime Phone #

☐ Change

Change

Change

Addition

Addition

■ Addition

Norman Ciment, ATTORNEY AT LAW

1665 WASHINGTON AVE.

3rd FLOOR

MIAMI BEACH, FLORIDA 33139

TEL (305) 538 - 0968 FAX (305) 532 - 6101

Florida Dept. of State Secretary of State **Division of Corporations** P.O. Box 6327 Tallahassee, Fl. 32314

July 172004

To Whom It May Concern,

We are in receipt of a notice of Intent to Dissolve! After speaking to your Department, I was advised to write to you, and explain the following.

On December 30, 2003, we formed a new Corporation. The name is 9501 Properties, Inc., This Corporation did exist for 2 days, but did not operate during the year 2003. We purchased property in Surfside, Fl. February 24, 2004., and have been payingour monthly sales tax since that time.

Therefore, enclosed please find a check for the renewal, of our Corporation, in the amount of \$150.00. Please be advised, that we never received a renewal notice from the state regarding this matter.

It is a shame that for 2 days, we are being penalized, and have to pay \$150.00 for a renewal.

Yours truly yours,

Norman Ciment 9501 Properties, Inc.

Doc # P0400000565