2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

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Mar 23, 2005 8:00 am DOCUMENT # P04000031424 Secretary of State 1. Entity Name 03-23-2005 90029 042 ***150.00 SEASIDE INVESTORS OF BROWARD, INC. Principal Place of Business Mailing Address 18151 NE 31 COURT #2016 AVENTURA FL 33160 18151 NE 31 COURT #2016 AVENTURA FL 33160 2. Principal Place of Business 3. Mailing Address 560 SE 15 St. 2450 Hollywood Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Suite 405 City & State Hollywood, FL 33021 City & State 4. FEI Number Applied For 20-0774135 Not Applicable 33006 Pompano Beach Zip 33021 Country \$8.75 Additional 33006 Certificate of Status Desired Broward Broward Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, GARY V Street Address (P.O. Box Number is Not Acceptable) **1230 NW 7 STREET MIAMI FL 33125** 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 the obligations of registered agent. Gerald TRAKTMAN SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Delete Change ☐ Addition SMITH, GARY V NAME NAME STREET ADDRESS **1230 NW 7 STREET** STREET ADDRESS MIAMI FL 33125 CITY-ST-ZIP CLTY-ST-ZIP D/VP TITLE ☐ Defete TITLE □ Change ☐ Addition Gerald Traktman NAME NAME STREET ADDRESS STREET ADDRESS 1643 Brickell Av. #2102 CITY-ST-ZIP CITY-ST-ZIP Miami FL 33129 Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME Carol Fader STREET ADDRESS STREET ADDRESS 650 Park Av. #17C CITY-ST-ZIP CITY-ST-ZIP NYC, NY 10021 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME Marc Acker 71 W. 71 Street STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NYC. NY TITLE ☐ Delete TITLE ☐ Change Addition S/T/D NAME NAME Madeline Giardiello 18151 NE 31 Ct. #2016 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Aventura, FL 33160 TITLE TITLE ☐ Change Addition P/D NAME NAME Christina Villasana STREET ADDRESS 1100 Adams St. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Hollywood, FL 33019 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.

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