

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000122229

1. Entity Name
3204 ASSOCIATES, INC.



Principal Place of Business
18851 NE 29 AVE
SUITE 101
AVENTURA, FL 33180 US

Mailing Address
18851 NE 29 AVE
SUITE 101
AVENTURA, FL 33180 US



01222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3834656	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROUSSO, MARK
18851 NE 29 AVE
SUITE 900
AVENTURA, FL 33180

**DO NOT WRITE
IN THIS SPACE**

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 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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SAAL, JOSE N
STREET ADDRESS	18851 NE 29 AVE, SUITE 101
CITY-ST-ZIP	AVENTURA, FL 33180

TITLE	VP
NAME	GORIN, MOISES
STREET ADDRESS	18851 NE 29 AVE STE 101
CITY-ST-ZIP	AVENTURA, FL 33180

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000828836
02/26/08-80019-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-18-08

Date

Daytime Phone #