

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P92000008132**

1. Entity Name  
**PROFESSIONAL PROPERTY MANAGEMENT OF  
SOUTHERN FLORIDA, INC.**



Principal Place of Business  
**324 ROYAL PALM WAY  
STE 231  
PALM BEACH, FL 33480 US**

Mailing Address  
**P.O. BOX 2771  
PALM BEACH, FL 33480 US**



02262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0370547**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**TAMARA HAISFIELD  
324 ROYAL PALM WAY  
STE 231  
PALM BEACH, FL 33480**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000137456  
04/29/04-80042-001 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE VS  
NAME HAISFIELD, LISA  
STREET ADDRESS 324 ROYAL PALM WAY STE 231  
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE PT  
NAME HAISFIELD, TAMARA  
STREET ADDRESS 324 ROYAL PALM WAY STE 231  
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE D  
NAME HAISFIELD, RANDY  
STREET ADDRESS 324 ROYAL PALM WAY STE 231  
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE D  
NAME HAISFIELD, MARC  
STREET ADDRESS 324 ROYAL PALM WAY STE 231  
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 and all other like empowered.

**SIGNATURE:**

*Marc Haisfield, Director*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/27/04*  
Date

*561-655-2825*  
Daytime Phone #