

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000007743 1. Entity Name OSCAR FELDENKREIS INVESTMENT CORP.	
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01312004 No Chg-P CR2E034 (10/03)

Principal Place of Business 3000 NW 107TH AVENUE MIAMI, FL 33172 US	Mailing Address 3000 NW 107TH AVENUE MIAMI, FL 33172 US
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0398163	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SEIF, EVAN D
2800 PONCE DE LEON BLVD
SUITE 1125
CORAL GABLES, FL 33134

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

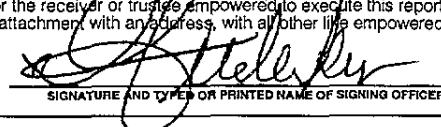
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02/12/04-80062-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FELDENKREIS, OSCAR 3000 N.W. 107TH AVENUE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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)(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:  2/10/04 (305) 418-7310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #