2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90239 040 ***150.00

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DOCUMENT # P93000038223

1. Entity Name
FLORIDA FAIR HOUSING, CORP.

Principal Place of Business	Mailing Address
330 GRECO AVE 107 MIAMI, FL 33233 US	PO BOX 330537 MIAMI, FL 33233 US

02202004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
330 Greco Ave		Same	
Suite, Apt. #, etc.: Suite 102		Suite, Apt. #, etc.	
City & State: Coral Gables FL		City & State	
Zip: 33146	Country: USA	Zip	Country

4. FEI Number: 65-0383840 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EKONOMON, NICHOLAS E
330 GRECO AVE
107
MIAMI, FL 33146

Chg Suite #

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
330 Greco Ave Ste 102

City: FL 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.

SIGNATURE ______ 4-13-04
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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPT EKONOMOU, NICHOLAS E 330 GRECO AVE STE 107 MIAMI, FL 33146	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	330 Greco Ave Ste 102	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: ______ 4-13-04 (305) 860-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #