2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State
04-23-2004 90235 041 ***150.00

DOCUMENT # P93000045413

1. Entity Name
TAHA PROPERTY MANAGEMENT, INC.

Principal Place of Business	Mailing Address
6555 N.W. 36 ST STE. #114 MIAMI, FL 33166	6555 N.W. 36 ST STE. #114 MIAMI, FL 33166

03262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
6915 Red Road		6915 Red Road	
Suite, Apt. #, etc. Ste 205		Suite, Apt. #, etc. Ste 205	
City & State Coral Gables, Fl		City & State Coral Gables, Fl	
Zip 33143	Country	Zip 33143	Country

4. FEI Number 65-0422068 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAMIR, TAHA 6555 NW 36 ST STE#114 MIAMI, FL 33166	Name DANNY TAHA Street Address (P.O. Box Number is Not Acceptable) 6915 Red Road Ste 205 City Coral Gables FL Zip Code 33143

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] 4/16/04
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	D TAHA, SAMIR 6555 N.W. 36 ST STE #114 MIAMI, FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6915 Red Road Ste 205 Coral Gables, Fl 33143	☑ 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: [signature] 4/16/04 305 665 6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #