

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90013 047 ***150.00

DOCUMENT # P93000059774

1. Entity Name
901 COMPANY



Principal Place of Business
**2 VIRGINIA GARDEN
DELRAY BEACH, FL 33483**

Mailing Address
**2 VIRGINIA GARDEN
DELRAY BEACH, FL 33483**

24027704



2. Principal Place of Business

3. Mailing Address

710 S.E. 8th Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03112004

Chg-P

CR2E034 (10/03)

City & State

**City & State
Delray Beach, FL.**

4. FEI Number
65-0439446

Applied For
Not Applicable

Zip

Country

Zip

Country

33483

USA

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

**GRANET, LLOYD
1900 NW CORPORATE BLVD
STE 105 WEST BLDG
BOCA RATON, FL 33431**

Name **Michael Hoplamazian**

Street Address (P.O. Box Number is Not Acceptable)

710 S.E. 8th Court

City

Delray Beach

FL

Zip Code
33483

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

MICHAEL HOPLAMAZIAN (PRES) 3/16/04

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 ☐ Delete
NAME **D**
STREET ADDRESS **HOPLAMAZIAN, MICHAEL H**
CITY-ST-ZIP **2 VIRGINIA GARDEN
DELRAY BEACH, FL 33483**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

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

MICHAEL HOPLAMAZIAN 3/16/04 5615738053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #