

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90059 002 ***150.00

DOCUMENT # P93000073323

1. Entity Name

LONGAN II, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

MOWBY DRIVE,
HOMESTEAD, FLA.

3. Mailing Address

C/O GIL HADDAD AT BRISTOL BANK
1493 SUNSET DRIVE
CORAL GABLES, FLA.

DO NOT WRITE IN THIS SPACE

City & State

FARMLAND, NO

City & State

33143 DADE

4. FEI Number

65-0451000

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
GIL HADDAD AT BRISTOL BANK

Street Address (P.O. Box Number is Not Acceptable)
1493 SUNSET DRIVE

CORAL GABLES, FLA.

City

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

Gil Haddad R/A (NO CHANGE)

1/17/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NO CHANGE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Gil Haddad R/A

1/17/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)