

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90059 008 \*\*\*150.00

**DOCUMENT # P94000039039**

1. Entity Name  
**CRESCENT HEIGHTS XLIV, INC.**



Principal Place of Business  
**2930 BISCAYNE BLVD  
MIAMI, FL 33137**

Mailing Address  
**2930 BISCAYNE BLVD  
MIAMI, FL 33137**

**44017993**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02182004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**65-0492460**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CHRISTENBURY, SHARON ESQ  
2930 BISCAYNE BLVD  
MIAMI, FL 33132**

Name

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

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

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-STATE-ZIP  
**CD  
KAHN, SONNY  
2930 BISCAYNE BLVD  
MIAMI, FL 33137** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**Assistant Treasurer  
De Almagro, Pablo  
2930 Biscayne Boulevard  
Miami, FL 33137** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**PD  
GALBUT, RUSSELL W  
2930 BISCAYNE BLVD  
MIAMI, FL 33137** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**S  
SCHLOMO, DACHOH  
2930 BISCAYNE BLVD  
MIAMI, FL 33137** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**Secretary  
Dachoh, Shlomo  
2930 Biscayne Boulevard  
Miami, FL 33137** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**VP  
CHRISTENBURY, SHARON  
2930 BISCAYNE BLVD  
MIAMI, FL 33137** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**T  
ZDON, JOSEPH  
2930 BISCAYNE BLVD  
MIAMI, FL 33137** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**SVD  
MENIN, BRUCE A  
2930 BISCAYNE BLVD  
MIAMI, FL 33137** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-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 AND TYPED OR PRINTED NAME OF S

Sharon Christenbury, Vice President  
Authorized Person

Date

Daytime Phone #

**3/4/04**