

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000044490

FILED  
Apr 19, 2004  
Secretary of State

**Entity Name:** ADVANCED HOUSING CORPORATION-MARINER, INC.

**Current Principal Place of Business:**

1101 BRICKELL AVENUE  
#402B  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 274  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

P.O. BOX 279  
KEY BISCAYNE, FL 33149

**FEI Number:** 65-0497280

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOLDMEIER, BARRY S  
1000 MARINER DRIVE  
KEY BISCAYNE, FL 33149 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GOLDMEIER, BARRY S  
Address: 1000 MARINER DR  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY S. GOLDMEIER

D

04/19/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date