## 2004 FOR PROFIT CORPORATION

NAME

STREET ADDRESS

CITY - ST - ZIP

## Apr 23, 2004 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # P94000046512 04-23-2004 90245 027 \*\*\*150.00 RAHN BAHIA MAR MGMT., INC. Principal Place of Business Mailing Address 501 E CAMINO REAL PO BOX 5025 CORPORATE OFFICE CORPORATE OFFICE 94061774 BOCA RATON, FL 33431 BOCA RATON, FL 33432 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02252004 Chg-P CB2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0500488 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AMERICAN INFO SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) ONE SE 3RD AVE 28TH FL MIAMI, FL 33131 🕾 City 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition FEDER, DAVID S NAME NAME STREET ADDRESS 501 E. CAMINO REAL STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MOOR, WAYNE NAME STREET ADDRESS 501 E CANMINO REAL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33432 7/S/D VS ☐ Delete ■ Addition HANDLEY, RICHARD L NAME HANDLEY, RICHARD L NAME STREET ADDRESS 450 E. LAS OLAS BLVD. #1500 STREET ADDRESS 450 E LAS OLAS BLVD. #1500 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE, FL 33301 T. LAUDERDALE, FL 33301 TITLE Delete TITLE Change ☐ Addition FINOCCHIARO, MARY JO NAME NAME STREET ADDRESS 501 E CAN\MINO REAL STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BOCA RATON, FL 33432 Addition TITLE Delete TITLE ☐ Change STIRK, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 501 E. CAMINO REAL CITY-ST-ZIP CITY-ST-7IP BOCA RATON, FL 33432 TITLE Delete TITLE ☐ Change Addition

FILED

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.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE: Mary Jo Finocchiaro Way 00 Final 4/16/04 561-447-5302