

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90020 037 \*\*\*150.00

**DOCUMENT # P94000048029**

1. Entity Name

SHOPPES OF HILLSBORO II, INC.



Principal Place of Business

2201-2265 W HILLSBORO BLVD  
DEERFIELD BEACH FL 33442  
US

Mailing Address

1357 SEMINOLE DR.  
FORT LAUDERDALE FL 33304

2. Principal Place of Business

1357 SEMINOLE DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL.

City & State

Zip

33304

Country

USA

Zip

Country

4. FEI Number

65-0501640

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SINGER, ALLEN  
3001 NE 19 ST  
FORT LAUDERDALE FL 33305

7. Name and Address of New Registered Agent

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

SINGER, ALLEN

*Allen Singer*

3/24/04

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**

**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 P  
NAME SINGER, ALLEN  
STREET ADDRESS 3001 NE 19 ST  
CITY-ST-ZIP FORT LAUDERDALE FL 33305

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 1357 SEMINOLE DR.  
CITY-ST-ZIP FT. LAUD. FL 33304

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24/04

954 565-8867