

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000048754

FILED
Apr 29, 2004
Secretary of State

Entity Name: PASADENA AT IMAGINATION FARMS, INC.

Current Principal Place of Business:

1000 N HIATUS ROAD
STE #100
PEMBROKE PINES, FL 33026 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 290010
STE #100
DAVIE, FL 33329 US

New Mailing Address:

FEI Number: 65-0507298 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERGER, ADOLPH J
1000 N HIATUS ROAD
STE #100
PEMBROKE PINES, FL 33026 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: P () Delete
Name: MILLER, LEONARD
Address: 1000 N. HIATUS ROAD
City-St-Zip: PEMBROKE PINES, FL

Title: VP () Delete
Name: BERGER, ADOLPH J
Address: 1000 N. HIATUS ROAD
City-St-Zip: PEMBROKE PINES, FL

Title: VP () Delete
Name: MILLER, ROBERT B
Address: 1000 NORTH HIATUS ROAD
City-St-Zip: PEMBROKE PINES, FL

Title: VP () Delete
Name: COTT, LAWRENCE
Address: 1000 N. HIATUS ROAD
City-St-Zip: PEMBROKE PINES, FL

Title: VP () Delete
Name: COTT, CORINNE
Address: 1000 N. HIATUS ROAD
City-St-Zip: PEMBROKE PINES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: LAWRENCE J. COTT

VP

04/29/2004

Electronic Signature of Signing Officer or Director

_____ Date