

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90419 024 ***150.00

DOCUMENT # P94000048754

1. Entity Name
PASADENA AT IMAGINATION FARMS, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

1000 N HIATUS ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.
100

City & State

City & State
PEMBROKE PINES, FL

Zip

Country

33026

USA

04272005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0507298

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERGER, ADOLPH J
1000 N HIATUS ROAD
STE #100
PEMBROKE PINES, FL 33026

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

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME MILLER, LEONARD
STREET ADDRESS 1000 N. HIATUS ROAD
CITY-ST-ZIP PEMBROKE PINES, FL

TITLE VP ☐ Delete
NAME BERGER, ADOLPH J
STREET ADDRESS 1000 N. HIATUS ROAD
CITY-ST-ZIP PEMBROKE PINES, FL

TITLE VP ☐ Delete
NAME MILLER, ROBERT B
STREET ADDRESS 1000 NORTH HIATUS ROAD
CITY-ST-ZIP PEMBROKE PINES, FL

TITLE VP ☐ Delete
NAME COTT, LAWRENCE
STREET ADDRESS 1000 N. HIATUS ROAD
CITY-ST-ZIP PEMBROKE PINES, FL

TITLE VP ☐ Delete
NAME COTT, CORINNE
STREET ADDRESS 1000 N. HIATUS ROAD
CITY-ST-ZIP PEMBROKE PINES, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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

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 #

4/27/05 934-431-6100