2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an ac

SIGNATURE:

ess, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

Feb 27, 2004 08:00 AM Secretary of State DOCUMENT # P94000050672 1. Entity Name ESTHER-MERRICK PROPERTIES, INC. Principal Place of Business Mailing Address 9064 COLLINS AVE SURFSIDE FL 33154 9064 COLLINS AVE SURFSIDE FL 33154 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0470603 Not Applicable Ζip 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 SUPERSTEIN, RICK Street Address (P.O. Box Number is Not Acceptable) 9064 COLLINS AVENUE OFFICE SURFSIDE FL 33154 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition SUPERSTEIN, RICK NAME NAME H00000069024 STREET ADDRESS 9064 COLLINS AVE. #OFFICE STREET ADDRESS 03/01/04-80001-010 150.00 SURFSIDE FL 33154 CITY-ST-ZIP CITY-ST-ZIP Delete TIBLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CMY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY+ST-7IP THLE ☐ Delete TITLE. ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 requiremental 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 requiremental 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 requiremental 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 requiremental 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 requiremental 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 requiremental report is true and accurate and that my signature shall have the same legal effect as if made under oath.

FILED

24/04 305-864-0787