## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

MELVIN,

## Jan 29, 2004 8:00 am Secretary of State DOCUMENT # P94000060815 01-29-2004 90033 014 \*\*\*150.00 MUVICO PALM HARBOR, INC. Mailing Address Principal Place of Business 10000000 3101 N. FEDERAL HIGHWAY 3101 N. FEDERAL HIGHWAY SIXTH FLOOR SIXTH FLOOR FORT LAUDERDALE, FL 33306 FORT LAUDERDALE, FL 33306 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3276647 Not Applicable Zip \$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 HASHEMI, HAMID A Street Address (P.O. Box Number is Not Acceptable) 3101 N. FEDERAL HIGHWAY SIXTH FLOOR FORT LAUDERDALE, FL 33306 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) DATE 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 10. 4 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE . Delete TITLE ☐ Change Addition NAME HASHEMI, HAMID A NAME STREET ADDRESS STREET ADDRESS 3101 N. FEDERAL HIGHWAY, SIXTH FLOOR CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE, FL 33306 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with this indicated on this report or supplemental report is frue of the corporation or the receiver or trustee employers.

**FILED** 

954-564-6550