


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000067748

1. Entity Name
CEDAR PROPERTIES, INC.



Principal Place of Business
**606 W. KENNEDY BLVD.
 TAMPA, FL 33606**

Mailing Address
**606 W KENNEDY BLVD
 TAMPA, FL 33606**

DO NOT WRITE IN THIS SPACE



01282004 No Chg-P CR2E034 (10/03)

| | |
|----------------------------------------------------------------------|---------------------------------------|
| 4. FEI Number 59-3277397 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**PARIDO, CECILLE
 606 W KENNEDY BLVD
 TAMPA, FL 33606**

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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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000115780

10. OFFICERS AND DIRECTORS

| | |
|------------------------------------------------|-----------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTS PARIDO, CECILLE 606 W KENNEDY BLVD TAMPA, FL 33606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PARIDO, CECILLE 606 W. KENNEDY BLVD TAMPA, FL 33606 |
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04/16/04-80038-004 158.75

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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: *Cecille Parido* **Cecille Parido** 4-12-04 813-829-7365

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #