

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90019 002 ***150.00

44028249



04062004 Chg-P CR2E034 (10/03)

4. FEI Number **65-0540164** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLASKIN, STUART A
832 MAJORCA AVE
CORAL GABLES, FL 33134

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KUSHNER, ARTHUR M
STREET ADDRESS 3901 SEGOVIA ST
CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Delete

TITLE VSD
NAME KLASKIN, STUART A
STREET ADDRESS 832 MAJORCA AVENUE
CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Delete

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____ ☐ Delete

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____ ☐ Delete

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____ ☐ Delete

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____ ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE _____
NAME _____
STREET ADDRESS 1414 Tangier St.
CITY-ST-ZIP _____ ☒ Change ☐ Addition

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

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

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

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

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

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: Arthur Kushner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/04

Date

305.444.3387

Daytime Phone #