

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000071511**

1. Entity Name  
OPTIONS DATING SERVICE OF MIAMI BEACH, INC.



Principal Place of Business  
211 S.W. 2ND STREET  
SUITE #F  
FORT LAUDERDALE, FL 33302

Mailing Address  
2108A GALLOWES RD  
VIENNA, VA 22182

**DO NOT WRITE IN THIS SPACE**



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0524188

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

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IN THIS SPACE**

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	D
NAME	KOORITZKY, NAIOMI
STREET ADDRESS	2108A GALLOWES ROAD
CITY-ST-ZIP	VIENNA, VA 22182
TITLE	D
NAME	KOORITZKY, GRAY
STREET ADDRESS	112 DUDLEY AVENUE
CITY-ST-ZIP	VENICE, CA 90291
TITLE	D
NAME	DORAN, PETER
STREET ADDRESS	3109 GRAND AVE. #305
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	PST
NAME	SAUTER, STEVEN
STREET ADDRESS	2108A GALLOWES ROAD
CITY-ST-ZIP	VIENNA, VA 22182
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

150.00  
04/30/04-80120-012 150.00

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IN THIS SPACE**

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:** STEVEN L. SAUTER **PRESIDENT** 4-25-04 703/848-6887  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #