

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000009379

1. Entity Name
1244 PENN ASSOCIATES, INC.



Principal Place of Business
1632 PENNSYLVANIA AVE
MIAMI, FL 33139

Mailing Address
1632 PENNSYLVANIA AVE
MIAMI, FL 33139



02122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0578913

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROBINS, CRAIG
1632 PENNSYLVANIA AVENUE
MIAMI BEACH, FL 33139

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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

000000093893
03/22/04-80037-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROBINS, CRAIG
STREET ADDRESS	1632 PENNSYLVANIA AVE
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	VP
NAME	SCHLESSER, MELVYN
STREET ADDRESS	1300 COLLINS AVE 100
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	VPST
NAME	ROBINS, STACY
STREET ADDRESS	230 FIFTH STREET
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(f), 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 an other like empowered.

1244 Penn Associates, Inc.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/04 305-531-8706
Date Daytime Phone #

Craig Robins