2004 FOR PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE:

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # P95000012346** 04-26-2004 91021 008 ***150.00 THE RENAISSANCE OF DEERFIELD BEACH, INC. Principal Place of Business Mailing Address 2400 E LAS OLAS BLVD 2400 E LAS OLAS BLVD STE #126 PMB 126 FORT LAUDERDALE, FL 33301 FT LAUDERDALE, FL 33301 HS US 2. Principal Place of Business 3. Mailing Address 2699 STIRLING ROAD 2699 STIRLING ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. 03162004 Chg-P CR2E034 (10/03) SUITE B-100 City & State City & State 4. FEI Number Applied For FORT LAUDERDACE, FL FORT LAUDERDALE, FL 65-0568289 Not Applicable Country Country \$8.75 Additional 3312 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAMUEL D. NAVON NATHENSON, JAMES M D. Box Number is Not Acceptable) STIRLING ROAD 2400 EAST LAS OLAS BOULEVARD FORT LAUDERDALE, FL 33301 B-100 73°3312 FORT LANDERDALE 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 APRIL 23 avor LOGINATION TO THE BETT OF THE PROPERTY OF THE WEST OF THE PROPERTY OF THE PROP 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE **Change** ☐ Addition NATHENSON, JAMES M NAME NATHENSON, JAMES M NAME 2639 STIRLING ROAD - SUITE B-100 2400 E. LASOLAS BLVD., STE 126 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33301 CITY-ST-ZIP FORTLAUDERDALE, FL 33312 TITLE ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP - 🖃 Delete --- Change - - Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. THE RENAISSANCE DE

PARTNER

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