

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90069 030 ***150.00

DOCUMENT # P95000058811

1. Entity Name
FLORIDA IMMOBILIEN INVEST INC.



Principal Place of Business

2301 DEL PRADO BLVD
SUITE 100
CAPE CORAL, FL 33904 US

Mailing Address

2301 DEL PRADO BLVD
SUITE 100
CAPE CORAL, FL 33904 US

14002521



2. Principal Place of Business

4531 DeLeon Street
Suite, Apt. #, etc.
#110

3. Mailing Address

4531 DeLeon Street
Suite, Apt. #, etc.
#110

03012004 Chg-P CR2E034 (10/03)

City & State

Fort Myers, FL
Zip
33904 Country
US

City & State

Fort Myers, FL
Zip
33904 Country
US

4. FEI Number

65-0661731

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NICKEL, GUDRUN MARIA P.A.
350 FIFTH AVENUE SOUTH, #200
NAPLES, FL 33940

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 **D** ☐ Delete
NAME **FLEISCHMANN, JOHANNES**
STREET ADDRESS **2301 DEL PRADO BLVD SUITE 100**
CITY-ST-ZIP **CAPE CORAL, FL**

TITLE **P** ☐ Delete
NAME **HEINDL, FRIEDRICH**
STREET ADDRESS **2301 DEL PRADO BLVD SUITE 100**
CITY-ST-ZIP **CAPE CORAL, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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: *Friedrich G. Heindl* **FRIEDRICH G. HEINDL (P)** *March 3-04 239850621*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR