

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000014301 1. Entity Name FIRST COMMERCIAL REALTY, INC.					
Principal Place of Business 1400 N.W. 107TH AVENUE MIAMI, FL 33172			Mailing Address 1400 N.W. 107TH AVENUE MIAMI, FL 33172		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent LEVY, JOEL 1400 N.W. 107TH AVENUE MIAMI, FL 33172			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			4. FEI Number 65-0083212		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			Applied For Not Applicable		
SIGNATURE _____ Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rehashing)			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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ADLER, MICHAEL M 1400 NW 107TH AVE MIAMI, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEV LEVY, JOEL 1400 NW 107TH AVE MIAMI, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ARRIZURIETA, LUIS 1400 NW 107TH AVE MIAMI, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ADLER, LINDA K 1400 NW 107TH AVE MIAMI, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ADLER, MICHAEL M 1400 NW 107TH AVE MIAMI, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LEVY, JOEL 1400 N.W. 107TH AVENUE MIAMI, FL 33172	☐ Delete			
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.			Linda K. Adler Asst. Secy.		
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/27/04 Daytime Phone # 305-392-4051		