

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000038228

Entity Name: FRANCO OF MIAMI, INC.

FILED  
Apr 29, 2004  
Secretary of State

## Current Principal Place of Business:

10155 COLLINS AVE., UNIT 1102  
BAL HARBOUR, FL 33154

## New Principal Place of Business:

10155 COLLINS AVE  
APT #1102  
BAL HARBOUR, FL 33154

## Current Mailing Address:

2121 PONCE DE LEON BLVD.  
330  
CORAL GABLES, FL 33134

## New Mailing Address:

10155 COLLINS AVE  
APT #1102  
BAL HARBOUR, FL 33154

FEI Number: 65-1064094

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ORTIZ, MICHAEL ESQ  
2121 PONCE DE LEON BLVD.  
STE 330  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

COIFFMAN, BERNARDO  
10155 COLLINS AVE  
APT #1102  
BAL HARBOUR, FL 33154 US

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.

SIGNATURE: BERNARDO COFFMAN

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: COIFFMAN, FANNY  
Address: 10155 COLLINS AVE. UNIT NO. 1102  
City-St-Zip: BAL HARBOUR, FL 33154

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S ( ) Change (X) Addition  
Name: COIFFMAN, BERNARDO  
Address: 10155 COLLINS AVE. UNIT NO. 1102  
City-St-Zip: BAL HARBOUR, FL 33154

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERNARDO COIFFMAN

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04/29/2004

Electronic Signature of Signing Officer or Director

Date