

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000055183

1. Entity Name
CEEBRAID WINTER PARK CORPORATION



Principal Place of Business
**250 AUSTRALIAN AVENUE
SUITE 1003
W PALM BEACH, FL 33401**

Mailing Address
**250 AUSTRALIAN AVENUE
SUITE 1003
W PALM BEACH, FL 33401**



04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0679398

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHLESINGER, RICHARD
250 AUSTRALIAN AVENUE
SUITE 1003
W PALM BEACH, FL 33401**

**DO NOT WRITE
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 re-stating) 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	VPD
NAME	SCHLESINGER, JASON
STREET ADDRESS	83 MORGAN ST.
CITY- ST- ZIP	STAMFORD, CT 06905
TITLE	D
NAME	SCHLESINGER, LESLIE
STREET ADDRESS	801 SOUTH COUNTY RD.
CITY- ST- ZIP	PALM BEACH BEACH, FL 33480
TITLE	P
NAME	SCHLESINGER, RICHARD
STREET ADDRESS	250 AUSTRALIAN AVE.,#1003
CITY- ST- ZIP	W PALM BEACH, FL 33401
TITLE	S
NAME	GILDAN, LAURIE
STREET ADDRESS	777 S. FLAGLER DR. 310 E
CITY- ST- ZIP	WEST PALM BEACH, FL 33401
TITLE	D
NAME	UVA, RICHARD
STREET ADDRESS	250 AUSTRALIAN AVE.,#1003
CITY- ST- ZIP	W PALM BEACH, FL 33401
TITLE	D
NAME	TOOHER, JOSEPH JR.
STREET ADDRESS	250 AUSTRALIAN AVE.,#1003
CITY- ST- ZIP	W PALM BEACH, FL 33401

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05/05/04-80044-008 150.00

**DO NOT WRITE
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)(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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Jason Schlesinger, Director