


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P96000056584 1. Entity Name FLORIDA PROPERTY SALES & MARKETING GROUP, INC.	
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Principal Place of Business 100 NO BISCAYNE BLVD. 21ST FLOOR, NEW WORLD TOWER MIAMI, FL 33132	Mailing Address 100 NO BISCAYNE BLVD. 21ST FLOOR, NEW WORLD TOWER MIAMI, FL 33132
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0694676	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BAUR, THOMAS 100 N. BISCAYNE BLVD. 21ST FLOOR NEW WORLD TOWER MIAMI, FL 33132
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT AHRABIAN, DARIUS DR. 100 NO BISCAYNE BLVD. 21ST FLOOR MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FEIFFER, ROBERT 100 N. BISCAYNE BLVD., 21ST FL. MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BAUR, THOMAS 100 NO BISCAYNE BLVD., 21ST FLOOR MIAMI, FL 33132
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/29/04-80165-021 150.00

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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 # _____
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