2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 07, 2004 08:00 AM Secretary of State

ANNUAL KĘPUKI			Secretary of State		
DOCUMENT # P96000070617 1. Entity Name FLORIDA ESTATES & INVESTMENTS, INC.			·		
SUITE 415 SUITE 415	RTH FEDERAL HIGHWAY				
DO NOT WRITE IN T		05052004 4. FEI Numbe 65-0690	No Chg-P CR	2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Ag	ent				
LUCKE, JOCHEN 6278 N. FEDERAL HGY SUITE 415 FORT LAUDERDALE, FL 33308			NOT WRIT		
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 protect name of registered agent and title if applicable PNOTE: Registered Agent signature required when telescating) DATE					
FILE NOWILI FEE IS \$150.00 9. Election Campaign Finan Due by September 8, 2004 Trust Fund Contribution.		ing \$5.00 May Ba In accordance with s. 607 corporation did not receive		607.193(2)(b), F.S., the celve the prior notice.	
10. OFFICERS AND DIRECTORS			Uncoccito	070	
TITLE PSTD MAME LUCKE, JOCHEN STREET ADDRESS 6278 NORTH FEDERAL HIGHWAY, SUITE 41 CITY-SI-ZIP FT. LAUDERDALE, FL 33308	15		000000158 05/07/04~800	078 07-005 15 0.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TILE NAME SIRELT ADDRESS CITY-SI-ZIP		DO	NOT WRI	TE	
HTLE NAME STREET ADDRESS GTY-ST-ZIP		IN T	THIS SPAC	CE	
TITLE NAME					

12. I hereby certify that the information supplied with this filling 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: __

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

1/04

7548216800

Daytime Phone #