



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000082995 1. Entity Name DADECO PROPERTIES, INC.		
Principal Place of Business 12555 BISCAYNE BLVD. #462 NORTH MIAMI, FL 33181	Mailing Address 12555 BISCAYNE BLVD. #462 NORTH MIAMI, FL 33181	
- DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent JONES, STEVEN L 9999 NE SECOND AVENUE SUITE 216 MIAMI SHORES, FL 33138		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>		
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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KANT, JON 12555 BISCAYNE BLVD. #462 NORTH MIAMI, FL 33181	
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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)(l), 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: 		4-28-04 305-940-2121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



04232004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0678982	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000142690
04/30/04-80061-014 150.00

**DO NOT WRITE
IN THIS SPACE**