

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-04-2004 90002 046 ***150.00

DOCUMENT # P97000049664 1. Entity Name 389 NW 1ST AVENUE REALTY CORP.					
Principal Place of Business 100 N.W. 4TH STREET BOCA RATON FL 33432			Mailing Address 100 N.W. 4TH STREET BOCA RATON FL 33432		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0757989	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FLOOD, JOHN 100 N.W. 4TH STREET BOCA RATON FL 33432				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>John Flood</i> PRESIDENT DATE 3/15/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLOOD, JOHN 100 N.W. 4TH STREET BOCA RATON FL 33432	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ASHER, JEFF 100 N.W. 4TH STREET BOCA RATON FL 33432	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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: <i>John Flood</i> JOHN FLOOD DATE: 3/15/04 DAYTIME PHONE #: 561-367-7946 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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MOORE CR2E034 (11/03)