

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90005 045 ***150.00

DOCUMENT # P97000051621

1. Entity Name
FIRST FLORIDA ADMINISTRATORS, INC.



Principal Place of Business
**46 SOUTHWEST FIRST STREET
4TH FLOOR
MIAMI, FL 33130 US**

Mailing Address
**46 SOUTHWEST FIRST STREET
4TH FLOOR
MIAMI, FL 33130 US**

44050756



07262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0922317

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARTEL, STANLEY J
46 SOUTHWEST FIRST STREET
4TH FLOOR
MIAMI, FL 33130**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution: ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------------|
| TITLE | PD |
| NAME | BARTEL, KAREN S |
| STREET ADDRESS | 46 SOUTHWEST FIRST STREET # 400 |
| CITY-ST-ZIP | MIAMI, FL 33130 |
| TITLE | VSD |
| NAME | BARTEL, STANLEY J |
| STREET ADDRESS | 46 S.W. 1ST. SUITE 400 |
| CITY-ST-ZIP | MIAMI, FL 33130 |
| TITLE | S |
| NAME | BARTEL, STANLEY J |
| STREET ADDRESS | 46 S.W. 1ST SUITE 400 |
| CITY-ST-ZIP | MIAMI, FL 33130 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**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: *Stanley J Bartel, V. Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-26-04 305 358-4949
Date Daytime Phone #