


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90013 045 ***150.00

DOCUMENT # P97000064428	
1. Entity Name 159 COMPANY, INC.	

Principal Place of Business 159 W HILLSBORO BLVD DEERFIELD BCH, FL 33441	Mailing Address 2 VIRGINIA GARDEN DELRAY BEACH, FL 33483 US
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24027706

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 710 S.E. 8 th Court Suite, Apt. #, etc.
City & State Delray Beach, FL	City & State Delray Beach, FL
Zip 33483	Country USA



03102004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0778936	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BAGDASARIAN, RICHARD C ESQ 1800 CORPORATE BLVD NW STE 302 BOCA RATON, FL 33431	7. Name and Address of New Registered Agent Name Michael Hoplamazian Street Address (P.O. Box Number is Not Acceptable) 710 S.E. 8 th Court City Delray Beach FL Zip Code 33483
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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 MICHAEL HOPLAMAZIAN (PRES) DATE 3/16/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST HOPLAMAZIAN, MICHAEL 2 VIRGINIA GARDEN DELRAY BCH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: MICHAEL HOPLAMAZIAN DATE 3/16/04 DAYTIME PHONE # 561 573 8053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR