


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90079 033 ***150.00

DOCUMENT # P98000073622

1. Entity Name
595 PARK OF COMMERCE, INC.



Principal Place of Business Mailing Address

3121 WEST HALLANDALE BEACH BLVD. 3121 WEST HALLANDALE BEACH BLVD.
 SUITE 101 SUITE 101
 PEMBROKE PARK, FL 33009 PEMBROKE PARK, FL 33009

94028960



2. Principal Place of Business 3. Mailing Address

3001 W Hallandale Bch Blvd **3001 W Hallandale Bch Blvd**

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 300 **Suite 300**

01082004 Chg-P CR2E034 (10/03)

City & State City & State

Pembroke Park, FL **Pembroke Park, FL**

4. FEI Number Applied For

65-0862365 Not Applicable

Zip Country Zip Country

33009 **USA** **33009** **USA**

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JAZAYRI, SAM 3121 WEST HALLANDALE BEACH BLVD. SUITE 102 PEMBROKE PINES, FL 33009		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
3001 W Hallandale Bch Blvd Suite 300 Pembroke Park, FL 33009			

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 _____ DATE _____

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

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 JAZAYRI, SAM 3121 WEST HALLANDALE BEACH BLVD. PEMBROKE PINES, FL 33009	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 3001 W Hallandale Bch Blvd Ste 300 Pembroke Park, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TAVONE, JACK 3121 WEST HALLANDALE BEACH BLVD. PEMBROKE PINES, FL 33009	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 3055 Harbor Drive Apt 1502 Ft Lauderdale, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Sam Jazayri Date: 3/4/04 Daytime Phone #: 954-981-1154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR