

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90027 050 ***150.00

DOCUMENT # P98000074837

1. Entity Name

FLORIDA IMPERIAL RENTAL PROPERTIES, INC.



Principal Place of Business

1108 11TH TERR.
PALM BEACH GARDENS FL 33418

Mailing Address

PO BOX 30881
PALM BEACH GARDENS FL 33420

2. Principal Place of Business

1108 11th Ter
Suite, Apt. #, etc.

3. Mailing Address

1108 11th Ter
Suite, Apt. #, etc.

City & State

Palm Beach Gardens FL

City & State

Palm Beach Gardens FL

Zip

33418

Country

Palm Beach / USA

Zip

33418

Country

Palm Beach / USA

4. FEI Number

65-0860427

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KHALIL, AWWAD SAID
1108 11TH TERR.
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-18-03

DATE

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

TITLE PD ☐ Delete
NAME ABILKHALIL, AWWAD SAID
STREET ADDRESS 1108 11TH TERR.
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE STD ☐ Delete
NAME ABU KJALIL, AWWAD SAID
STREET ADDRESS 1108 11TH TERR.
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE VD ☐ Delete
NAME ABU KHALIL, AWWAD SAID
STREET ADDRESS 1108 11TH TERR.
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-18-03