

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-23-2004 90196 025 ***150.00

DOCUMENT # P98000080633

1. Entity Name
1606 JEFFERSON ASSOCIATES, INC.



Principal Place of Business
500 15TH STREET, #1
MIAMI BEACH, FL 33139

Mailing Address
500 15TH STREET, #1
MIAMI BEACH, FL 33139



2. Principal Place of Business

3. Mailing Address

423 NE 23rd ST.

423 NE 23rd ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03172004

Chg-P

CR2E034 (10/03)

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0888882

Applied For

Not Applicable

Zip

33137

Country

Zip

33137

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REGENT PARK PROPERTY, INC
500 15TH STREET, #1
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

RENTS PARK INVESTMENTS LLC

Street Address (P.O. Box Number is Not Acceptable)

423 NE 23rd ST

City

MIAMI

FL

Zip Code

33137

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]

MALLORY KAUDERER
MALLORY KAUDERER

(NOTE: Registered Agent signature required when reinstating)

4/20/04

DATE

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

TITLE	DPS	<input checked="" type="checkbox"/> Delete
NAME	KAUDERER, MALLORY	
STREET ADDRESS	500 15TH STREET, #1	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIFSHULTZ, DAVID	
STREET ADDRESS	2498 PRAIRIE AVE	
CITY-ST-ZIP	MIAMI, FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUDERER, MALLORY	
STREET ADDRESS	423 NE 23rd ST.	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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] PRESIDENT KAUDERER
MALLORY KAUDERER

4/20/04

385-573-3399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #