


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000084711 1. Entity Name 1035 L.R. CORP.	
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Principal Place of Business 523 MICHIGAN AVE MIAMI BEACH FL 33139	Mailing Address 523 MICHIGAN AVE MIAMI BEACH FL 33139
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MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address	4. FEI Number	65-0878869	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Not Applicable		
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRYD, JONATHAN 523 MICHIGAN AVE. MIAMI BEACH FL 33139	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ 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. <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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMRAS, MICHAEL	NAME	
STREET ADDRESS	1111 LINCOLN ROAD SUITE 510	STREET ADDRESS	000000054637
CITY-ST-ZIP	MIAMI BEACH FL 33139	CITY-ST-ZIP	02/17/04-80004-015 150.00
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRYD, JONATHAN	NAME	
STREET ADDRESS	523 MICHIGAN AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33139	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 lists empowered

SIGNATURE: _____ 2-12-04 305-673-2948

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #