

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000093001

1. Entity Name
FIRST BORN AMELIA CORP.



Principal Place of Business

427 BILTMORE WAY
SUITE 202
CORAL GABLES, FL 33134

Mailing Address

427 BILTMORE WAY
SUITE 202
CORAL GABLES, FL 33134



02192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0873435

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GLAZER, DONALD J
10066 BAY HARBOR TERACE
BAY HARBOR ISLANDS, FL 33154

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IN THIS SPACE**

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)

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 D
NAME SAVEDOFF, STUART
STREET ADDRESS 427 BILTMORE WAY, SUITE 202
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE D
NAME MEKRAS, GEORGE
STREET ADDRESS 7051 S.W. 62ND AVENUE
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE D
NAME SCHWARTZTOL, ROBERT
STREET ADDRESS 427 BILTMORE WAY, SUITE 202
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE D
NAME KLEIN, MYLES
STREET ADDRESS 427 BILTMORE WAY, SUITE 202
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000071999
03/01/04-80082-022 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Stuart Savedoff* STUART SAVEDOFF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-04 3054451515

Date

Daytime Phone #