

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90094 042 \*\*\*150.00

**44038391**



02102004 Chg-P CR2E034 (10/03)

4. FEI Number **06-1531947** Applied For ☐ Not Applicable ☐

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

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # P98000099593**

1. Entity Name  
**219 SOUTH ATLANTIC BOULEVARD, INC.**



Principal Place of Business  
**219 SOUTH ATLANTIC BOULEVARD  
 FORT LAUDERDALE, FL 33300**

Mailing Address  
**56 MAPLE STREET  
 WARWICK, RI 02888**

2. Principal Place of Business  
**219 South Atlantic Blvd.**

3. Mailing Address  
**56 Maple Street**

Suite, Apt. #, etc.

City & State  
**Fort Lauderdale, FL**

City & State  
**Warwick, RI**

Zip  
**33300**

Country  
**USA**

Zip  
**02888**

Country  
**USA**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525**

**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 \_\_\_\_\_ (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	PTS	<input checked="" type="checkbox"/> Delete
NAME	KENT, MICHAEL C	
STREET ADDRESS	3531 NORTH EAST 30TH AVENUE	
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064	
TITLE	V	<input type="checkbox"/> Delete
NAME	ORR, DAVID	
STREET ADDRESS	2001 HIGHLAND AVE	
CITY-ST-ZIP	BIRMINGHAM, AL 35201	
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	PTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lois Maraia	
STREET ADDRESS	56 Maple Street	
CITY-ST-ZIP	Warwick, RI 02888	
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:** *Lois Maraia*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-18-04* (401) 784-3570

Date Daytime Phone #