


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000106003	
1. Entity Name ANTRIM INVESTMENTS I, INC.	

Principal Place of Business ONE SOUTHEAST THIRD AVE #2130 SUNTRUST INTERNATIONAL CENTER MIAMI, FL 33131	Mailing Address ONE SOUTHEAST THIRD AVE #2130 SUNTRUST INTERNATIONAL CENTER MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



03182004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0886962	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COPROLITE CORPORATION ONE SOUTHEAST THIRD AVE #2130 SUNTRUST INTERNATIONAL CENTER MIAMI, FL 33131

DO NOT WRITE
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000106006 04/07/04-80049-011 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT FRANKEL, MELVIN F ONE SOUTHEAST THIRD AVE #2130 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS BLASS, STEPHEN A ONE SOUTHEAST THIRD AVE #2130 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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)(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: 	Stephen A. Blass 4/2/04	305-377-9353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vice President		Date Daytime Phone #