2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of ~~State~~

DOCUMENT # P99000054750

1. Entity Name
COMRAS 16TH STREET, INC.

Principal Place of Business	Mailing Address
407 LINCOLN ROAD SUITE 9F MIAMI BEACH, FL 33139	407 LINCOLN ROAD SUITE 9F MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE

04012004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0938477 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

COMRAS, MICHAEL
407 LINCOLN ROAD
SUITE 9F
MIAMI BEACH, FL 33139

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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

U00000127849
04/26/04-80014-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COMRAS, JOSEPH
STREET ADDRESS	407 LINCOLN ROAD, SUITE 9F
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	D
NAME	COMRAS, MICHAEL
STREET ADDRESS	407 LINCOLN ROAD, SUITE 9F
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 04-01-04 305-532-0433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #