
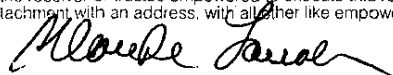


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90025 022 ***150.00

DOCUMENT # P99000064392					
1. Entity Name ARBOR CHASE LUXURY ESTATE HOMES, INC.					
Principal Place of Business 1250 E. HALLANDALE BEACH BLVD. SUITE 300 HALLANDALE, FL 33009			Mailing Address 1250 E. HALLANDALE BEACH BLVD. SUITE 300 HALLANDALE, FL 33009		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0941887	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NESTOR, BRENDA 1250 E. HALLANDALE BEACH BLVD. SUITE 300 HALLANDALE, FL 33009			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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE CPAS	NAME NESTOR, BRENDA		TITLE Chairman/Pres/CEO/AT/AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 1250 E. HALLANDALE BEACH BLVD. STE 300	CITY-ST-ZIP HALLANDALE, FL 33009		STREET ADDRESS 		
CITY-ST-ZIP HALLANDALE, FL 33009			CITY-ST-ZIP 		
TITLE VTS	NAME COLVIN, MELVIN		TITLE Vice Chairman/ExVP/AT/AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 1250 E. HALLANDALE BEACH BLVD. STE 300	CITY-ST-ZIP HALLANDALE, FL 33009		STREET ADDRESS 		
CITY-ST-ZIP HALLANDALE, FL 33009			CITY-ST-ZIP 		
TITLE VST	NAME LAUNER, BLANCHE		TITLE Vice Pres/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 1250 E. HALLANDALE BEACH BLVD. STE 300	CITY-ST-ZIP HALLANDALE, FL 33009		STREET ADDRESS 		
CITY-ST-ZIP HALLANDALE, FL 33009			CITY-ST-ZIP 		
TITLE CFOT	NAME MCGANN, EDWARD T		TITLE CF/AT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 1250 E HALLANDALE BCH BLVD STE 300	CITY-ST-ZIP HALLANDALE, FL 33009		STREET ADDRESS 		
CITY-ST-ZIP HALLANDALE, FL 33009			CITY-ST-ZIP 		
TITLE 	NAME 		TITLE 		
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
TITLE 	NAME 		TITLE 		
STREET ADDRESS 	CITY-ST-ZIP 		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 like empowered.					
SIGNATURE: 			Blanche Launer		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		