
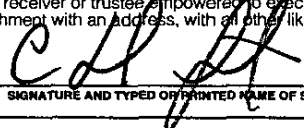


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

04-27-2004 90066 014 \*\*\*150.00

<b>DOCUMENT # P99000102276</b>		
1. Entity Name <b>MIAMI GARDENS SQUARE, INC.</b>		
Principal Place of Business <b>2328 10TH AVENUE NORTH SUITE #401 LAKE WORTH, FL 33461</b>	Mailing Address <b>2328 10TH AVENUE NORTH SUITE #401 LAKE WORTH, FL 33461</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>STEIN, CHARLES 2328 10TH AVENUE NORTH SUITE #401 LAKE WORTH, FL 33461</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	ST STEIN, CHARLES 2328 -10TH AVE N #401 LAKE WORTH, FL 33461	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P UDWIN, DENNIS 2328 -10TH AVE N #401 LAKE WORTH, FL 33461	
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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 an other like empowered.		
SIGNATURE: 		<b>4/22/04</b> Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>561-533-0344</b> Daytime Phone #

94061101



03092004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0963565</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

**DO NOT WRITE  
IN THIS SPACE**