

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # S15541

1. Entity Name

PRINCIPLE INVESTMENT PROPERTIES, INC.



FILED

05 JAN -7 PM 4:22

Principal Place of Business
1840 CHUCUNANTHRD
MIAMI FL 33133

Mailing Address
1840 CHUCUNANTHRD
MIAMI FL 33133

SECRETARY OF STATE
REAL ESTATE - FLORIDA



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

101 S. Victoria Pl Rd
Suite, Apt. #, etc.

101 S. Victoria Pl Rd
Suite, Apt. #, etc.

City & State

City & State

Ft Lauderdale FL

Ft Lauderdale FL

Zip
33301

Country
US

Zip
33301

Country
US

4. FEI Number 65-0245687

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERSCOVICI, RANDY
1840 CHUCUNANTHRD
MIAMI FL 33133

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME HERSCOVICI, RANDY
STREET ADDRESS 1840 CHUCUNANTHRD
CITY-ST-ZIP MIAMI FL 33133

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600042962936
CITY-ST-ZIP 11/23/04--01048--011 **558.75

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600042962936
CITY-ST-ZIP 01/19/05--01048--026 **191.25

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/04 305 808 7046