## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2004 08:00 AN Secretary of State

ANNUAL REPORT				Secretary of State		
DOCUMENT # S18492  1. Entity Name PRINCETONIAN DEVELOPMENT, INC.					Seci	retary or State
Principal Place 8362 PINES I SUITE 272 PEMBROKE P		Mailing Address 8362 PINES BLVD. SUITE 272 PEMBROKE PINES, FL 33024	US			
D	O NOT WRITE	IN THIS SPA	CE	04272004 4. FEI Numb 65-023	No Chg-P	CR2E034 (10/03)  Applied For Not Applicable  \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	I	<u> </u>	-·· <del>-</del> .	
8. The above	S BLVD E PINES, FL 33024 named entity submits this statement for	the purpose of changing its register	red office or register	IN -	NOT W	ACE
SIGNATURE	ons of registered agent.  Signature, typed or printed name of registered agent.	and the II applicable (NOTE Register	ed Agent signature required	when reinstating)		DATE
FILE NOWIII FEE IS \$150.00 9. Election Campo After May 1, 2004 Fee will be \$550.00 Trust Fund Con				.00 May Be ed to Fees		
10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND D LOMBARDI, BARNEY 7777 PINES BLVD PEMBROKE PINES, FL	DIRECTORS			!!ถกถูกถา บร/ก3/04-6	48839 0162-008 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W THIS SP	· · · · —
TITLE			I			

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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ATUREAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

999 954 - 416 - 0800 Daylins Phone #