## 2004 FOR PROFIT CORPORATION

## Mar 29, 2004 8:00 am **Secretary of State** ANNUAL REPORT 03-29-2004 90392 033 \*\*\*150.00 DOCUMENT # S59445 1. Entity Name NORTH BAY LAND COMPANY たまいりひとしひ Principal Place of Business Mailing Address 1221 BRICKELL AVE-1221 BRICKELL AVE SUITE-1200 SUITE-1200-MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address 1111 Brickell Ave. 1111 Brickell Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. 03232004 CR2E034 (10/03) Chq-P Suite 2300 Suite 2300 Applied For City & State City & State 4. FEI Number Miami, FL Miami, FL: 65-0271093 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33131 USA 33131 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HINSON, JOHN A Street Address (P.O. Box Number is Not Acceptable) 1221-BRICKELL AVE. **SUITE-1200-**MIAMI, FL 33131 1111 Brickell Ave.,, Suite 2300 City Zip Code 33131 Miami 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP Change TITLE ☐ Delete TITLE ☐ Addition HINSON, JOHN A NAME 1111 Brickell Ave., Suite 2300 STREET ADDRESS STREET ADDRESS 1221 BRICKELL-AVE., SUITE 1200-Miami, FL 33131 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33131 Change TITLE ☐ Delete TITLE Addition PELELLA, MONICA NAME NAME 1111 Brickell Ave., Suite 2300 STREET ADDRESS 1991 BRICKELL-AVE - SHITE 1200 STREET ADDRESS Miami, FL 33131 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33131 TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS 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 suppliemental report is frue 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

(305) 379-1200

Daytime Phone #

John A. Hinson, President

changed, or on an attachment wi

SIGNATURE: '