


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2004 8:00 am
Secretary of State

04-02-2004 90031 010 ***150.00

| | |
|---|---|
| DOCUMENT # V65580 |  |
| 1. Entity Name C.E.C. ASSOCIATES, INC. | |

| | |
|---|---|
| Principal Place of Business C/O E. GINDI 2108 NE 22ND TERRACE FT. LAUDERDALE, FL 33305 | Mailing Address C/O E. GINDI 2108 NE 22ND TERRACE FT. LAUDERDALE, FL 33305 |
|---|---|

66432102



| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

08112004 Chg-P CR2E034 (10/03)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 65-0357428 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

| | |
|--|---|
| 6. Name and Address of Current Registered Agent GINDI, ELLIOT 2108 NE 22ND TERRACE FT. LAUDERDALE, FL 33305 | 7. Name and Address of New Registered Agent Name: <i>David Salomon in Trust for Elliot Gindi</i> Street Address (P.O. Box Number is Not Acceptable): <i>2108 NE 22ND TERRACE</i> City: <i>Ft. Lauderdale</i> FL Zip Code: <i>33305</i> |
|--|---|

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 \$550.00
Due by September 8, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP | D GINDI, ELLIOT 2108 NE 22ND TERRACE FT. LAUDERDALE, FL 33305 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 #

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Copies sent
to Aaron 3/30/04

ATTACHMENT

DOCUMENT # V65580

1. Entity Name

C.E.C. ASSOCIATES, INC.



Principal Place of Business

C/O E. GINDI
2108 NE 22ND TERRACE
FT. LAUDERDALE FL 33305

Mailing Address

C/O E. GINDI
2108 NE 22ND TERRACE
FT. LAUDERDALE FL 33305

66432102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0357428

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GINDI, ELLIOT
2108 NE 22ND TERRACE
FT. LAUDERDALE FL 33305

7. Name and Address of New Registered Agent

Name David Salomon in Trust for Elliot Gindi

Street Address (P.O. Box Number is Not Acceptable)

15400 Knoll Trail, Ste 350

City Dallas

TX FL

Zip Code 75248

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

TITLE D
NAME GINDI, ELLIOT
STREET ADDRESS 2108 NE 22ND TERRACE
CITY-ST-ZIP FT. LAUDERDALE FL 33305

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY-ST-ZIP

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SALOMON IN TRUST FOR ELLIOT GINDI
15400 KNOLL TRL SUITE 350
DALLAS, TX 75248

32-61 1110 117
652423302
DATE 3/29/04

PAY TO THE ORDER OF *Florida Dept of State* \$150.00
One hundred-fifty DOLLARS

BANK ONE.
Bank One, NA
Dallas, Texas 75201
www.BankOne.com

MEMO *CEC Assoc.*
FEI # 65-0357428

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:

TRUSTEE

O.R.D.A. CORPORATION

15400 Knoll Trail, Suite 350 • Dallas, Texas 75248 • Tel: 972-960-2003 • Fax: 972-960-0627