

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90017 013 \*\*\*150.00

**DOCUMENT # J85743**



1. Entity Name  
**31.991 ACRES, INC.**

Principal Place of Business  
**1926 TENTH AVENUE NORTH, SUITE 400  
 LAKE WORTH FL 33461  
 US**

Mailing Address  
**1926 TENTH AVENUE NORTH, SUITE 400  
 LAKE WORTH FL 33461  
 US**

**J4UJ1J00**



**MOORE CR2E034 (11/03)**

2. Principal Place of Business  
**3230 S. Buffalo Drive  
 Suite, Apt. #, etc.  
 Suite 108  
 City & State  
 Las Vegas, NV**

3. Mailing Address  
**3230 S. Buffalo Drive  
 Suite, Apt. #, etc.  
 Suite 108  
 City & State  
 Las Vegas, NV**

4. FEI Number **65-0095658** Applied For  
 Not Applicable

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

Zip Country Zip Country  
**89117 USA 89117 USA**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**PARRA, OLGA E  
 1926 TENTH AVENUE NORTH, SUITE 400  
 LAKE WORTH FL 33461**

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 \_\_\_\_\_ (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	PD	<input checked="" type="checkbox"/> Delete
NAME	BETORET, FRATERNO VILA	
STREET ADDRESS	3990 SHERIDAN ST #104	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HAGEN, MAX M.	
STREET ADDRESS	3990 SHERIDAN ST #104	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrew Ahn	
STREET ADDRESS	182 Grand Street, Apt. 5W	
CITY-ST-ZIP	New York, NY 10013	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 life empowered.

SIGNATURE: Andrew Ahn  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/2/04 Daytime Phone #: 704-554-5041