

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 513089

FILED  
Mar 09, 2004  
Secretary of State

Entity Name: 1ST STREET AGENCY, INC.

**Current Principal Place of Business:**

1300 SAWGRASS CORPORATE PARKWAY  
STE 300  
SUNRISE, FL 333232804

**New Principal Place of Business:**

**Current Mailing Address:**

1300 SAWGRASS CORPORATE PARKWAY  
STE 300  
SUNRISE, FL 333232804

**New Mailing Address:**

FEI Number: 59-1689622      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BULLINGTON, DOUGLAS W  
1ST STREET AGENCY INC.  
1300 SAWGRASS CORPORATE PARKWAY, STE. 300  
SUNRISE, FL 33323 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: BULLINGTON, DOUGLAS W  
Address: 1300 SAWGRASS CORPORATE PARKWAY, STE. 300  
City-St-Zip: SUNRISE, FL 333232804

Title: D ( ) Delete  
Name: BROOKS, M M II  
Address: 1300 SAWGRASS CORPORATE PARKWAY, STE. 300  
City-St-Zip: SUNRISE, FL 333232804

Title: ST ( ) Delete  
Name: GARCELL, CARIDAD  
Address: 1300 SAWGRASS CORPORATE PARKWAY, STE. 300  
City-St-Zip: SUNRISE, FL 333232804

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BROOKS, MUSE M II  
Address: 1300 SAWGRASS CORPORATE PARKWAY, STE. 300  
City-St-Zip: SUNRISE, FL 333232804

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARIDAD GARCELL

ST

03/09/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date