


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90016 023 ***150.00

| | |
|--|---|
| DOCUMENT # F02000004140 |  |
| 1. Entity Name E.G.L. INVESTMENT CORPORATION | |

| | |
|---|---|
| Principal Place of Business 2401 N.W. 65 STREET PO BOX 70567 SEATTLE WA 98107 | Mailing Address 2401 N.W. 65 STREET PO BOX 70567 SEATTLE WA 98107 |
|---|---|

04000000



MOORE CR2E034 (11/03)

| | | | |
|--------------------------------|---------|---------------------|---------|
| 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 91-0941221 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | | | |
|---|--|--|-------------|
| 6. Name and Address of Current Registered Agent MARBIN, EVAN R ESQ. 48 EAST FLAGLER STREET, PH-104 MIAMI-FL-33131 | | 7. Name and Address of New Registered Agent | |
| | | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|------------------------------------|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KRUMINS, VISVALDIS <input type="checkbox"/> Delete 1051 N.E. 90 STREET MIAMI FL 33138 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV BRIEDIS, IVARS <input type="checkbox"/> Delete 1121 N.E. 86 STREET MIAMI FL 33138 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TSD BRIEDIS, HELENA <input type="checkbox"/> Delete 1121 N.E. 86 STREET MIAMI FL 33138 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| 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"/> Change <input type="checkbox"/> Addition |
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| 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"/> Change <input type="checkbox"/> Addition |

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: Ivars Briedis Vice President 03/24/04 305 757 3378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #