2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 09, 2004 08:00 AM Secretary of State DOCUMENT # F15878 1. Entity Name LAW OFFICES OF RAY A. SCHLICHTE, JR. PROFESSIONAL ASSOCIATION Principal Place of Business. Mailing Address 2134 HOLLYWOOD BLVD 2134 HOLLYWOOD BLVD HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2047109 Not Applicable Zıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHLICHTE, PAUL G ESQ. 2134 HOLLYWOOD BLVD Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33020 City 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 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 9. Election Campalgn Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE Change ☐ Addition U00000043315 SCHLICHTE, PAUL G NAME 02/10/04-80060-003 150.00 STREET ADDRESS 2134 HOLLYWOOD BLVD STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition SCHLICHTE, MATTHEW J. NAME NAME 2134 HOLLYWOOD BLVD. STREET ADDRESS STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change Addition NAME SCHLICHTE, MATTHEW NAME STREET ADDRESS STREET ADDRESS 5720 HARDING STREET CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL TITLE ☐ Delete TITLE Change ☐ Addition SCHLICHTE, MATTHEW J NAME NAME 5721 HARDING ST STREET ADDRESS STREET ADDRESS CITY-SY-ZIP HOLLYWOOD FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 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 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 employered 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: Matthew J. Schlichte 2/5/04 954-923-4604
| SIGNATURE | Matthew J. Schlichte 2/5/04 954-923-4604