



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90458 044 ***150.00

DOCUMENT # H51236			
1. Entity Name R&S LURE CO., INC.			
Principal Place of Business 2315 SW 58TH AVE. HOLLYWOOD, FL 33023		Mailing Address 2315 SW 58TH AVE. HOLLYWOOD, FL 33023	
2. Principal Place of Business 953 NW 3RD AVE Suite, Apt. #, etc. SUITE # 11 City & State FLORIDA CITY, FL Zip 33034 Country US		3. Mailing Address 953 NW 3RD AVE Suite, Apt. #, etc. SUITE # 11 City & State FLORIDA CITY, FL Zip 33034 Country US	
		05032004 Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2518483	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCOTT YACKEE 14929 NW 7TH AVE MIAMI, FL 33168		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 953 NW 3RD AVE, SUITE # 11 City FLORIDA CITY, FL Zip Code FL 33034	
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 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PORTER, POWELL D 14929 N.W. 7TH AVENUE MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 953 NW 3rd Ave, Suite 11 Florida City, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEVAK, ROBERT 1927 NE 119 ROAD MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 953 NW 3rd Ave, Suite 11 Florida City, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVD PORTER, LORI A 14929 N.W. 7 AVE MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 953 NW 3rd Ave, Suite 11 Florida City, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST YACKEE, SCOTT 14929 NW 7TH AVE MIAMI, FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 953 NW 3rd Ave, Suite 11 Florida City, FL 33034
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
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
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:  SCOTT YACKEE		5/7/04 305-687-3602	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	