2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J22986

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

PALM BEACH GARDENS, FL 33412

() Delete

FILED Apr 16, 2004 Secretary of State

Entity Name: JOE BARTOSIK, INC. **Current Principal Place of Business: New Principal Place of Business:** 3905 INVESTMENT LN STE 22 RIVIERA BEACH, FL 33404 US **New Mailing Address: Current Mailing Address:** 3905 INVESTMENT LANE UNIT 22 RIVIERA BEACH, FL 33404 US FEI Number: 59-2706919 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARTOSIK, JOSEPH ANTHONY 11440 KIDD LANE PALM BEACH GARDENS, FL 33412 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition BARTOSIK, JOSEPH ANT, HONY BARTOSIK, JOSEPH A Name: Name: 11440 KIDD LANE 11440 KIDD LANE Address: Address: City-St-Zip: PALM BEACH GARDENS, FL 33412 City-St-Zip: PALM BEACH GARDENS, FL 33410 Title: VΡ Title: TD () Delete (X) Change () Addition Name: BARTOSIK, JOSEPH ANT, HONY Name: BARTOSIK, APRIL 11152 88TH RD. N. 11440 KIDD LANE Address: Address: PALM BEACH GARDENS, FL 33412 PALM BEACH GARDENS, FL 33410 City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition LOPARCO, JESSICA ZARZA, TABATHA J Name: Name: 11152 88TH RD N 829 N FEDERAL HWY Address: Address:

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.

City-St-Zip:

TD

Title:

Name:

Address:

City-St-Zip:

LAKE WORTH, FL 33460

WEST PALM BEACH, FL 33407

WALKER, JAMES

330 52ND ST

() Change (X) Addition

SIGNATURE: TABATHA ZARZA S 04/16/2004