2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 29, 2004 08:00 AM DOCUMENT # J55886 **Secretary of State** OCTAGON, DOME & ACCUSTICAL CEILING MATERIALS, INC. Mailing Address Principal Place of Business 1069 W. PALMETTO PARK RD. BOCA RATON FL 33486 1069 W. PALMETTO PARK RD. **BOCA RATON FL 33486** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2771908 Not Applicable Zια Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAWISZER, STEVEN 1069 W. PALMETTO PARK ROAD Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33486** 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, typod or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required whon roinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign 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 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition RAWISZER, STEVEN NAME MANNE 1069 W. PALMETTO PARK RD. STREET ADDRESS U00000013577 01/29/04-80031-001 STREET ADDRESS BOCA RATON FL CITY-ST-ZIP CITY-ST-ZIP 158.75 Delete THELE Addition TITLE NAME. MANAS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TIBLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CSTY-ST-78P TITLE TIRE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY - ST - Z}P CITY-ST-ZIP MLE ☐ De/ete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CSTY-ST-ZSP

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: _

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/04 56/2897244 Date Date Date Proce *

FILED