

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 02, 2004 08:00 AM**  
**Secretary of State**

|                                                                |                                                                                   |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # M97652</b><br>1. Entity Name<br>9544 CORPORATION |  |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                       |                                                           |
|-----------------------------------------------------------------------|-----------------------------------------------------------|
| Principal Place of Business<br>9585 HARDING AVE<br>SURFSIDE, FL 33154 | Mailing Address<br>9585 HARDING AVE<br>SURFSIDE, FL 33154 |
|-----------------------------------------------------------------------|-----------------------------------------------------------|



06302004 No Chg-P CR2E034 (10/03)

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|                                                           |                                   |
|-----------------------------------------------------------|-----------------------------------|
| 4. FEI Number<br>65-0083003                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fee Required |

|                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>PACKAR, SHARLANE K.<br>9585 HARDING AVE<br>SURFSIDE, FL 33154 |
|----------------------------------------------------------------------------------------------------------------------|

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$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                         |                                                             |
|----------------------------------------------------|-------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>PACKAR, SHARLANE K<br>9585 HARDING AVE<br>SURFSIDE, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>BROAD, JUDITH K<br>9585 HARDING AVE<br>SURFSIDE, FL    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>KAPPEL, JAMES<br>9585 HARDING AVE<br>SURFSIDE, FL      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>MONTGOMERY, SALLY<br>4855 PINETREE DR<br>MIAMI BCH, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                             |

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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:** *Sharlane K Packar* *Sharlane K Packar* 10:30 04 866-2423 305  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #