**2004 NOT-FOR-PROFIT CORPORATION** ANNUAL REPORT (AR)

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1. Entity Nam	~~ <u>~</u>		Feb 28, 2004 08:00 AM Secretary of State				
SHAKE-A	-LEG MIAMI, INČ.			9	Secretary of	State	
Principal Plac	e of Business	Mailing Address					
2620 S BAYSHORE DRIVE MIAMI FL 33133		2620 S BAYSHORE DRI MIAMI FL 33133	VE .				
Principal Place of Business     Suite, Apt #, etc.		3. Mailing Address  Suite, Apt. #, etc.					
Suite, Apt	π, etc.	Suite, Apr. #, etc.		МС	OORE CR2E037 (	11/03)	
City & State		City & State		4. FEI Number 6!	5-0611917	Applied For Not Applicab	le
Zip	Country	Zip	Country	5. Certificate of Sta		.75 Additional Required	
	6. Name and Address of Curren	t Registered Agent	Nama	7. Name and Addr	ess of New Registered Age	nt	_
שני	DOAN HARRY R		Name				
790	RGAN, HARRY R 1 SW 50 COURT MI FL 33143		Street Addres	s (P.O. Box Number is N	lot Acceptable)		
i			City	· · · · · · · · · · · · · · · · · · ·	FL	Zip Code	_
	named entity submits this statement f	or the purpose of changing its r	egistered office or regis	stered agent, or both, in t	he State of Florida. I am fam	iliar with, and accep	ot
the obligation	tions of registered agent.				s	e see	
SIGNATURE							•
	Signature, typed or printed name of registered ager	t and title if applicable (NOTE,	Registered Agent signature requ	ared when reinstating)	DATE		_
	FILE NOW: FEE IS \$61.25 Due By May 1, 2004	r and little if applicable (NOTE.  9. Election Carr  Trust Fund Ci	paign Financing	\$5.00 May Be Added to Fees	Make Check P Fiorida Department	ayable to ent of State	
10.	FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Make Check P	ent of State	
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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 617, 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.

12. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

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