## 2004 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPE

O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 23, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P00000025761** 02-23-2004 90038 030 \*\*\*150 00 TOUCHDOWN MARKETING CORPORATION Principal Place of Business Mailing Address 3018 NW-72ND AVENUE 3018 NW 72ND AVENUE MIAMI, FL 33122 MIAMI, FL 33122 3. Mailing Address 2. Principal Place of Business 8299 NW 30th 70maco 02112004 CR2E034 (10/03) Chg-P City & State 4. FEI Number Applied For ity & State Harida Nian licumi 65-0994414 Not Applicable \$8,75 Additional .5. Certificate of Status Desired. \_ \_ [ Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CANLAS, MARIA TERESA Street Address (P.O. Box Number is Not Acceptable) 8299 NW 30TH TERRACE MIAMI, FL 33122 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILLE ☐ Defete TITLE CANLAS, MARIA TERESA NAME NAME 8299 NW soth rerrace STREET ADDRESS 3018 NW 72ND AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33122 CITY-ST-ZIP ☐ Delete TITLE Addition KAUFMANN, MARTIN J NAME NAME 8299 NW 30th reviace 3018 NW 72ND AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33122 CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE. Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 suppliemental 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 empreced to precule 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 2-13-06

FILED