2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ADAM S. GOLDSTEIN

May 03, 2004 8:00 am Secretary of State DOCUMENT # P00000065511 1. Entity Name 05-03-2004 91059 020 ***150.00 ADAM S. GOLDSTEIN, P.A. Principal Place of Business Mailing Address TOUAUUEU 7601 38TH AVE NORTH 7601 38TH AVE NORTH ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710 2. Principal Place of Business 3. Mailing Address 700 CENTRAL AUE. 700 CENTRAL AUE. Suite, Apţ. #, etc. Suite, Apt, #, etc. CR2E034 (11/03) MOORE SUITE Applied For 4. FEI Number 59-3679214 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA 33701 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOLDSTEIN, ADAM S Street Address (P.O. Box Number is Not Acceptable) 700 CENTRAL AUENU 7601 38TH ÁVE NORTH ST. PETERSBURG FL 33710 402 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, typed or affiled name of registered agont and title II applicable (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPVT TITLE Change ☐ Addition Delete GOLDSTEIN, ADAM S NAME NAME 700 CENTRAL AUE, SUITE 402 7601 38TH AVE NORTH STREET ADDRESS STREET ADDRESS ST. PETERSBURG, FL. 33701 CITY-ST-ZIP ST. PETERSBURG FL 33710 CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition GOLDSTEIN, ADAM S NAME 700 CENTRAL AUE. BOITE 402 STREET ADDRESS 7601 38TH AVE NORTH STREET ADDRESS ST. PETERSBURG FL 33710 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP - -CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED