2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 27, 2004 8:00 am Secretary of State **DOCUMENT # P01000020257** 1. Entity Name 05-27-2004 90016 046 ***150.00 REGINALDS OF BOCA-DELRAY INC. Principal Place of Business Mailing Address **5180 WEST ATLANTIC AVENUE 5180 WEST ATLANTIC AVENUE** #119 #119 DELRAY BEACH, FL 33484 DELRAY BEACH, FL 33484 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 05222004 Cha-P City & State City & State Applied For 4. FEI Number 65-1094459 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COX, REGINALD A Street Address (P.O. Box Number is Not Acceptable) 407 EAST CORAL TRACE CIRCLE DELRAY BEACH, FL 33445 UPIC 14UD FZA 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 fan the obligations of registered agent. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. CEO PROJUDENT/CEO TITLE TITLE Delete COX, REGINALDA 5677 PACIFIC PLUD #2411 COX. REGINALD A NAME NAME **407 EAST CIRAL TRACE CIRCLE** STREET ADDRESS STREET ADDRESS BYCA RATION, FL 33433 DELRAY BEACH, FL 33445 CITY-ST-ZIP CJTY - ST- 7IP SECRETARY Addition ☐ Change TITLE Delete TITLE REGINALD'A **BROWN, ROSEMARY** NAME 5677 PACIFIC YSLUD #2411 444 WEST OCEAN AVE STREET ADDRESS STREET ADDRESS BOCA PENTON, PL 33433 CITY-ST-ZIP BOYNTON BEACH, FL 33435 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Delete DAVIS, AUDREY NAME MAME 444 WEST OCEAN AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH, FL 33435** CITY-ST-ZIP Addition TITLE TITLE ☐ Change JOHNSON, CARISSA NAME NAME STREET ADDRESS 4427 B BREWSTER RD STREET ADDRESS TALLAHASSEE, FL 32308 CITY-ST-3P CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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 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. changed, or on an attachment with an address, with all other like empow

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