2004 FOR PROFIT CORPORATION

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SIGNATURE:

FILED **ANNUAL REPORT (AR)** Mar 25, 2004 8:00 am DOCUMENT # P01000113239 **Secretary of State** 1. Entity Name 03-25-2004 90041 031 ***150.00 SAMANTHA D. MALLOY, P.A. Principal Place of Business Mailing Address 8624 154TH RD N PALM BEACH GARDENS FL 33418 US PALM BEACH GARDENS FL 33468-2151 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. CR2E034 (11/03) Palm Beach Gardens City & State 4. FEI Number Applied For 65-1156555 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HODESSON, BRUCE Street Address (P.O. Box Number is Not Acceptable) 8624 154TH RD N PALM BEACH GARDENS FL 33418 City Zip Code 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 litle if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 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 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PST** TITLE Delete TITLE ☐ Addition NAME MALLOY, SAMANTHA D NAME STREET ADDRESS 700 S ANDREWS AVE SUITE 200 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33316 CITY-ST-ZIP **VPD** TITLE ☐ Delete Change ☐ Addition NAME MALLOY, SAMANTHA D MAME STREET ADDRESS 700 S ANDREWS AVE SUITE 200 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33316 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 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP 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 of 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

NING OFFICER OR DIRECTOR