2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2004 8:00 am Secretary of State 05-04-2004 90172 029 ***150.00

5454 PINETE MIAMI BEAC 8. The above not the obligation SIGNATURE	E DR FL 33140 ce of Business etc. Country 6. Name and Address of Curr D, JEFFREY J REE DR CH, FL 33140	Mailing Address 5454 PINETREE DR MIAMI BEACH, FL 33 3. Mailing Address Suite, Apt. #, etc. City & State Zip rent Registered Agent	3140	- ·	04262004 4. FEI Numbe 02-059			34 (10/03)		
Suite, Apt. #, City & State Zip GURCIULLO 5454 PINETI MIAMI BEAC	Country 6. Name and Address of Curr D, JEFFREY J REE DR CH, FL 33140	Suite, Apt. #, etc. City & State Zip	Count	- ·	04262004 4. FEI Numbe 02-059	Chg-P		34 (10/03)		
City & State Zip GURCIULLO 5454 PINETI MIAM! BEAC 8. The above nathe obligation SIGNATURE	Country 6. Name and Address of Curr D, JEFFREY J REE DR CH, FL 33140	City & State	Count	- ·	4. FEI Numbe 02-059:	<u>. </u>	CR2E0:			
GURCIULLO 5454 PINETI MIAMI BEAC	Country 6. Name and Address of Curr D, JEFFREY J REE DR CH, FL 33140	Zìp	Count	- ·	02-059			- Api		
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5454 PINETE MIAMI BEAC 8. The above not the obligation SIGNATURE	D, JEFFREY J REE DR CH, FL 33140	rent Registered Agent				of Status Desired		\$8.75 Add Fee Required		
5454 PINETE MIAMI BEAC 8. The above not the obligation SIGNATURE	REE DR CH, FL 33140				7. Name and	Address of New				
5454 PINETE MIAMI BEAC 8. The above not the obligation SIGNATURE	REE DR CH, FL 33140			Name						
8. The above not the obligation SIGNATURE					Street Address (P.O. Box Number is Not Acceptable)					
the obligation	arroad antitu autorite this state									
the obligation	amond antitus automite this start			City			FL	Zip Code		
the obligation	iamed entity submits this statemen	nt for the purpose of changing	its registere	ed office or reaist	tered agent, or bot	h: in the State of F		familiar with.	and accept	
After May	gnature, typed or printed name of registered a	9. Election Cam	paign Finan	Agent signature requi	5.00 May Be		DATE			
10.	s. 10	AND DIRECTORS	11.			CHANGES TO OF	FICERS AND	DIRECTORS	S INI 11	
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1	MIAMI BEACH, FL 33140			·ST-ZIP						
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NAME			NAME	<u>:</u>						
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CITY-ST-ZiP	artifu that the information are "	with this filing does not qualify	for the ever	-ST-ZIP	Section 119 07/2V	i) Florida Statutor	e I further cor	tifu that the in	oformation	
indicated or		on the filling does not qualify	at my signat	ura chall hava th	e same lanal effer	i), riunua statutes				
changed, o	ertify that the information supplied on this report or supplemental rep oration or the receiver or trustee o	embowered to execute this rep	ort as recuir	red by Chapter 6	307. Florida Statute	t as if made unde s; and that my na	er oath; that I a me appears i	am an officer n Block 10 or	or director Block 11 if	
SIGNATU	pring that the information supplied on this report or supplemental rep oration or the receiver or trustee or or on an attachment with an addre	empoyered to execute this repeat with all other like empower	ort as requir ed.	red by Chapter 6	607, Florida Statute	76	er oath; that I a	am an officer n Block 10 or	or director r Block 11 if	