2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000096101

Entity Name: FLORIDA FATES, CORPORATION

Apr 27, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1802 N. UNIVERSITY DRIVE, STE 100A 1802 N. UNIVERSITY DRIVE, PLANTATION, FL 33322

SUITE 102, #222

PLANTATION, FL 33322

Current Mailing Address: New Mailing Address:

1802 N. UNIVERSITY DRIVE, STE 100A 1802 N. UNIVERSITY DRIVE, PLANTATION, FL 33322 SUITE 102, #222

PLANTATION, FL 33322

FEI Number: 03-0478286 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

TAYLOR, EIRA 1802 N. ÚNIVERSITY DRIVE, STE 100A PLANTATION, FL 33322

TAYLOR, EIRA 1802 N. UNIVERSITY DRIVE, SUITE 102, #222 PLANTATIÓN, FL 33322 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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.

SIGNATURE: EIRA TAYLOR 04/27/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

(X) Change () Addition () Delete Title:

TAYLOR, EIRA TAYLOR, EIRA Name: Name:

1802 N. UNIVERSITY DRIVE, STE 100A 1802 N. UNIVERSITY DRIVE, STE 102, #222 Address: Address:

City-St-Zip: PLANTATION, FL 33322 City-St-Zip: PLANTATION, FL 33322

Title: () Delete Title: (X) Change () Addition

Name: SARASTI, FERNANDO Name: SARASTI, FERNANDO

1802 N. UNIVERSITY DRIVE, STE 100A Address: 1802 N. UNIVERSITY DRIVE, STE 102, #222 Address:

PLANTATION, FL 33322 PLANTATION, FL 33322 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EIRA TAYLOR D 04/27/2004