2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

AMENDED ANNUAL REPURI								FIL	.ED	
DOCU 1. Entity Nan COVENA						Y OF C	Y OF STA ORPORA AM 8: C			
Principal Place of Business Mailing Address 120 DEL PRADO BOULEVARD 120 DEL PRADO BOULEVARD SUITE 4 SUITE 4 CAPE CORAL, FL 33990 US CAPE CORAL, FL 33990 US										
2. Principal Place of Business 3910 Noveth dole Rhy #210 3910 Novether Blud #210							4841 6641 941			F -
Suite, Apt. #, etc. Suite, Apt. #, etc.					'AU	10022004	Chg-P	CR2E	(10/03)	MR
1	TAMOA. Florida TAMOA Flor					4. FEI Numbe 27-005				oplied For ot Applicable
Zip 336	24 Country USA	33624	Coun.	ŠΑ		5. Certificate	of Status Desired	Ø	\$8.75 Add Fee Require	ditional
	6. Name and Address of Current I		Name	. 1		Address of New R	legistered	l Agent		
BONORA, JOSEPH R 1517 SE 16TH PLACE CAPE CORAL, FL 33990					obe ggege (nt A 1 North	MilER pris Not Agceptate 1 de le	Plvd	#21	0
				City-7	An.	1 M.	<u>u</u>	F	L Zeco	274
8. The above	named entity submits this statement for	register	ed agent, or bot	h, in the State of Flo	orida. Lan	n familiar with,	and accept			
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Am	00 May Be ed to Fees									
10.	OFFICERS AND I		.11.				CHANGES TO OFF	ICERS AN	D DIRECTOR	S IN 11
TITLE NAME			TITLE		P_{F}	sident	+		Change	Addition
STREET ADDRESS CITY-ST-ZIP	120 DEL PRADO BOULEVARD STE			et address						
TITLE	CAPE CORAL, FL 33990 CITY D Delete TITL			-ST-ZIP	14 6	resid			☐ Change	Addition
NAME .	BONORA, JOSEPH NA		NAME		<i>v</i> • r	PESIA	# C -		Change	ZZ ALIGHION
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CITY-ST-ZIP				ST-ZIP		10/11 10/11)00 0417 /0401017	768: 022		nn
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CITY-ST-ZIP			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.										
SIGNATURE: Obert A. Miller 10/6/04 (8/3) 769-2400 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Description Phone 4										