## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 15, 2004 8:00 am Secretary of State

8/2:

1. Entity Name	MENT # P03 E SALES INC.	00003276	4 •				08-25-		-	***150.00
Principal Place of Business 7254 BURGESS DRIVE LAKE WORTH, FL 33467		7.	Mailing Address 7254 BURGESS DRIVE LAKE WORTH, FL 33467							
2. Principal Place of Business			3, Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			08182004	Chg-P	CR2E00	34 (10/03)	
City & State			City & State			4. FEI Numb	"42-1585	910		plied For Applicable
Zip	Country		Zip Count		iry	5. 'Certificate of Status Desired Security \$8.75 Additional Fee Required			itional d	
6. Name and Address of Current Registered Agent					No	7. Name and	Address of New R	egistered A	gent	
GUTIERREZ, ADOLFO 7254 BÜRGESS DRIVE LAKE WORTH, FL 33467				<u>-</u>	Name Street Address	(P.O. Böx Numb	er is Not Acceptable	e)	= === <u>=</u>	اد حضور
	1 1 1				City			FL	Zip Code	9
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 reme of registered agent and tide if epphoable. (NOTE: Registered Agent signature required						ed when reinstating)		DATE		
FILE NOWIR FEE IS \$150.00 9. Election Campaign Due by September 8, 2004 Trust Fund Contribu						0.00 May Be ded to Fees	In accordance corporation did	with s. 607. not receive	193(2)(b), the prior r	F.S., the notice.
10.		FICERS AND DIREC	TORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11
TITLE NAME	P GUTIERREZ, ADOL	FO.	☐ Delete	TITLE	- <u>}</u>				Change	Addition:
STREET ADDRESS	7254 BURGESS DR				ET ADDRESS					
CITY-ST-ZIP	LAKE WORTH, FL	33467		CITY	-ST-ZIP					
TITLE	V 1 '		☐ Delete	titu	· I	1		•	☐ Change	Addition
NAME Street adoress	RIANO, MARTHA L 17254 BURGESS DR	IVE		NAM STRE	E Et adoress					
CITY-ST-ZIP	LAKE WORTH, FL				-ST-ZIP					
TITLE _	i .		☐ Delate	TITL		· · · · · · · · · · · · · · · · · · ·			☐ Change	Addition
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NAME	9 7			NAM	}					
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS - ST-ZIP	•				
12 I baraby	L	supplied with this f	iling does not qualify fo	v the eve	motion stated in S	Section 119.07(3)	(i), Florida Statutes.	I further cert	ify that the in	nformation
indicated of the co	on this report or suppler rporation or the receiver of	mental report is true or or trustee emptyvere	and accurate and that d to execute this repor	my signa t as requi	ture shall have the ired by Chapter 60	same legal effe 17, Florida Statut	ct as if made under es; and that my nam	oath; that I a le appears in	m an officer n Block 10 or	or director Block 11 if
indicated on this report or supplemental report if 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 trusted employered 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 attactment with an address, with all other like empowered.										