


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90042 023 ***150.00

DOCUMENT # P03000074193

1. Entity Name
3603 & 3604 ACQUISITION CORP.



Principal Place of Business
**17 AVE DE LA COSTA, MC 98004
 MONACO, CEDEX,**

Mailing Address
**17 AVE DE LA COSTA, MC 98004
 MONACO, CEDEX,**


44012578

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



01222004 Chg-P CR2E034 (10/03)

4. FEI Number
98-0401957

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MURRAY, ROBERT W ESQ
 200 S BISCAYNE BLVD
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name
Robert W. Murray, Esq.

Street Address (P.O. Box Number is Not Acceptable)
Morgan, Lewis & Bockius LLP

200 S. Biscayne Blvd., Suite 5300

City **Miami** FL Zip Code **33131**

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 *Robert W. Murray* DATE 1/29/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P LEDGER, IAN F 17 AVE DE LA COSTA, MC 98004 MONACO, CEDEX, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S John Caseley 17 avenue de la Costa, MC 98004 Monaco, CEDEX <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *John Caseley* **John Caseley, Vice President** Date 011.377.97978200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #