ANNUAL REPORT

2004 FOR PROFIT CORPORATION DOCUMENT # P03000082211



FILED

Apr 27, 2004 8:00 am Secretary of State

04-27-2004 90048 009 ***150.00 PENINSULA CORPORATE HOLDINGS, INC. Principal Place of Business Mailing Address 7700 CONGRESS AVENUE 7700 CONGRESS AVENUE **SUITE 3100** SUITE 3100 BOCA RATON, FL 33487 BOCA RATON, FL 33487 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122004 Cha-P CR2E034 (10/03) 4. FEI Number City & State City & State Applied For 20-0227055 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - --6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FELUREN, MARK S Street Address (P.O. Box Number is Not Acceptable) 2200 N. COMMERCE PARKWAY **SUITE 202** WESTON, FL 33326 Zip Code FI 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DANBURG, JAMIE A NAME STREET ADDRESS 7700 CONGRESS AVENUE SUITE 3100 STREET ADDRESS CITY-ST-ZIP---BOCA RATON, FL 33487---CITY_ST-ZIP_ TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

plied with this tiling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information reports 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 reperson to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if one with a formal that it other like empowered. 12. I hereby certify that the information sopplied with this tillin indicated on this report or supplemental report is true and of the corporation or the receiver or trusteeled powered to the corporation. changed, or on an attach nent with

SIGNATURE:

ATURE AND