


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-15-2004 90052 044 ***150.00

DOCUMENT # P03000120076
 1. Entity Name
AMPERSAND & ELLIPSIS, INC.



Principal Place of Business Mailing Address
2255 SW 28TH STREET **2255 SW 28TH STREET**
MIAMI FL 33133 **MIAMI FL 33133**

24022308



MOORE CR2E034 (11/03)

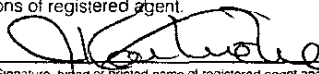
2. Principal Place of Business 3. Mailing Address
10 SW South River Drive **2520 Coral Way**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#1105 **#2-298**

City & State City & State
Miami FL **Coral Gables FL**
 Zip Country Zip Country
33130 **USA** **33130** **USA**

4. FEI Number Applied For
26-0073548 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
526 EAST PARK AVE
TALLAHASSEE FL

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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:  DATE: **3-10-04**
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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KARTRUDE, JULIE	
STREET ADDRESS	2255 SW 28TH STREET	10 SW South River Dr.
CITY-ST-ZIP	MIAMI FL 33133	#1105 MIAMI FL 33130
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:  Date: **3-10-04** Daytime Phone #: **305/586-0509**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR