


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P34958 1. Entity Name TITAN ROAD INDUSTRIAL PARK, INC.	
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Principal Place of Business 2622 N.W. 23 WAY BOCA RATON, FL 33431	Mailing Address 2622 N.W. 23 WAY BOCA RATON, FL 33431
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DO NOT WRITE IN THIS SPACE



03082004 No Chg-P CR2E034 (10/03)

4. FEI Number 84-1170018	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COGEN, JOSEPH 2622 N.W. 23 WAY BOCA RATON, FL 33431	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000090870 03/17/04-80036-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP COGEN, JOSEPH 2622 N.W. 23 WAY BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD COGEN, LEE 2622 N.W. 23 WAY BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST COGEN, LEE 2622 N.W. 23 WAY BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____