


**2004 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # P93000041765

1. Entity Name
FUME BLANC, INC.



FILED
04 AUG 20 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FL 32317

Principal Place of Business
% BRUCE J. COLAN ESQ.
701 BRICKELL AVE., SUITE 3000
MIAMI, FL 33131

Mailing Address
% BRUCE J. COLAN ESQ.
701 BRICKELL AVE., SUITE 3000
MIAMI, FL 33131

2. Principal Place of Business
685 Royal Palm Beach Blvd.
Suite, Apt. #, etc.
Suite 205

3. Mailing Address
685 Royal Palm Beach Blvd.
Suite, Apt. #, etc.
Suite 205

City & State
Royal Palm Beach, FL


City & State
Royal Palm Beach, FL

Zip
33411

Country
USA

Zip
33411

Country
USA



08132004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 3000
MIAMI, FL 33131

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
Name
Robert R. Morris, Esquire
Street Address (P.O. Box Number is Not Acceptable)
685 Royal Palm Beach Boulevard
Suite 205
City
Royal Palm Beach FL Zip Code
33411

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 R. Morris* Robert R. Morris August 13, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

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	DPST COLAN, BRUCE JAY 701 BRICKELL AVENUE, STE 3000 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Barbel C. Abela <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 685 Royal Palm Beach Boulevard, Suite 205 Royal Palm Beach, FL 33411
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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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

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: *Barbel C. Abela* Barbel C. Abela Pres 8/13/04 564 333 7383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #