## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000078954

Entity Name: 9404 CORPORATION

FILED Apr 19, 2005 Secretary of State

Current Pri	incipal Plac	e of Business:	New Principal Place of Business:	
9404 NW 49 SUNRISE, F		US		
Current Mailing Address:			New Mailing Address:	
9404 NW 49 SUNRISE, F		US		
FEI Number: 6	65-0464717	FEI Number Applied For ( ) FEI Nur	nber Not Applicable()	Certificate of Status Desired ( )
Name and	Address of	Current Registered Agent:	Name and Address of N	lew Registered Agent:
GORDON, HOWARD W 100 SE 2ND ST 17TH FLOOR MIAMI, FL 33131 US			GORDON, HOWARD W 1395 BRICKELL AVE 14TH FLOOR MIAMI, FL 33131 US	
The above r in the State		submits this statement for the purpose of	f changing its registered o	office or registered agent, or both,
SIGNATURE:			04/19/2005	
	Electro	nic Signature of Registered Agent		Date
Election Camp	paign Financin	g Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
	D ( SCHWADRON 9404 NW 49 F SUNRISE, FL		Title: ( ) Name: Address: City-St-Zip:	) Change ()Addition
	PD ( SCHWADRON 9404 NW 49 F SUNRISE, FL		Title: ( Name: Address: City-St-Zip:	) Change ()Addition
Name: Address:	VSTD ( SCHWADRON 9404 NW 49 P SUNRISE, FL	•	Title: ( ) Name: Address: City-St-Zip:	) Change ()Addition
Title: Name: Address: City-St-Zip:	D ( LAUREN, LAUI 9404 NW 49TH SUNRISE, FL	RIE	Title: ( Name: Address: City-St-Zip:	) Change ()Addition
Title: Name: Address: City-St-Zip:	D ( SCHREIBER, I 9404 NW 49TH SUNRISE, FL		Title: ( ) Name: Address: City-St-Zip:	) Change ()Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE:	DAVID SCHWADRON	VSTD	04/19/2005