

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000062721

FILED
Apr 16, 2004
Secretary of State

Entity Name: RESALES, INC.

Current Principal Place of Business:

8456 NW 61 STREET
MIAMI, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

14985 SW 108 TERRACE
MIAMI, FL 33196 US

New Mailing Address:

10930 SW 48 STREET
MIAMI, FL 33165 US

FEI Number: 65-0515609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARPENTER, CHRIS
14985 SW 108 TERRACE
MIAMI, FL 33196 US

Name and Address of New Registered Agent:

GONSALVES, DOUGLAS
10930 SW 48 STREET
MIAMI, FL 33165 US

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.

SIGNATURE: DOUGLAS GONSALVES

04/16/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GONSALVES, DOUGLAS V
Address: 10930 SW 48TH ST
City-St-Zip: MIAMI, FL 33165

Title: VD () Delete
Name: BOWERS, ANDREW H
Address: 13600 SW 73 AVE
City-St-Zip: MIAMI, FL 33158

Title: VD () Delete
Name: CARPENTER, CHRIS
Address: 14985 SW 108 TERR
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DOUGLAS GONSALVES

PD

04/16/2004

Electronic Signature of Signing Officer or Director

Date