## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Mar 15, 2004 08:00 AM Secretary of State DOCUMENT # P96000016457 ELAINE G. & COMPANY, INC. Principal Place of Business Mailing Address 106 LAKE EMERALD DR 106 LAKE EMERALD DRIVE #410 FT. LAUDERDALE, FL 33309 FT. LAUDERDALE, FL 33309 03122004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0646053 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent GREEENBERG, ELAINE DO NOT WRITE 106 LAKE EMERALD DRIVE 410 IN THIS SPACE FT. LAUDERDALE, FL 33309 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, 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 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITI F GREENBERG, ELAINE NAME STREET ADDRESS 106 LAKE EMERALD DR #410 FT. LAUDERDALE, FL 33309 CITY-ST-ZIP UD00000089424 NAME 03/15/04-80091-018 15U.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

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 attachingant with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP