## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 12, 2004 8:00 am Secretary of State DOCUMENT # P96000066542 04-12-2004 90246 036 \*\*\*150 00 GOLDING, WEBLEY & CLARKE, P.A. Principal Place of Business Mailing Address 4200 NW 16 ST 4200 NW 16 ST **24030213** STE 501 C STE 501 C LAUDERHILL, FL 33313 LAUDERHILL, FL 33313 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062004 Cha-P CR2E034 (10/03) City & State City & State Applied For 4. FEI Number 65-0694261 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANDREA WEBLEY WEBLEY, ANDREA Street Address (P.O. Box Number is Not Acceptable) 4200 N.W. 16th Street 4200 NW 16 ST N.W. **STE 307** FORT LAUDERDALE, FL 33313 Suite 501C Zip Code 333I-3 auderhill 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. 7, WEBLEY HNDREA SIGNATURE (NO1E: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and the if applicable, 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP ☐ Delete TITLE TITLE Change. Addition Andrea Webley WEBLEY, ANDREA NAME NAME 7551 Viscoya STREET ADDRESS 7551 VISCAYA CIRCLE STREET ADDRESS CITY-ST-ZIP 33063 MARGATE, FL CITY-ST-7IP marqule FL D Delete **☑** Change PRE TITE F Addition GOLDING, DAVID David Golding NAME NAME 3017 La Mirage Drive STREET ADDRESS 1911 LYONS RD AP 207 STREET ADDRESS CITY-ST-ZIP COCONUT CREEK, FL 33063 CITY-ST-7IP TITLE D ☐ Delete TITLE Change Addition NAME CLARKE, ANN MARIE NAME STREET ADDRESS 1356 SW 119 AV STREET ADDRESS PEMBROKE PINES, FL 33025 CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Defete TILE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 turther 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 amoonwered 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, withpull other like impowered. 04/07/04 SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

FILED