2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Feb 23, 2004 8:00 am
Secretary of State

				—	Secretary of State	-
DOCUMENT # P96000097333 1. Entity Name					Secretary of State 02-12-2004 90025 033 ***150.00	
SOMETHIN	NG SPECIAL, INC.	·				
Principal Place	of Business	Mailing Address				
5301 PINE TE POMPANO BI	REE ROAD EACH FL 33067	5301 PINE TREE ROAD POMPANO BEACH FL 33	9067		ች ሰ ዐማስችርስ	
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2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			MOORE CR2E034 (11/03)	
City & State		City & State		1	4. FEI Number 65-0722654 Applied Not App	_
Zip	Country	Zip	Country		5. Certificate of Status Desired	d
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent	
			Name			
	SBURY, MARTHA			dress (P.	O-Box Number is Not Acceptable)	
	PINE TREE ROAD PANO BEACH FL 33067					:
			City		FL Zip Code	
8. The above	named entity submits this statement to	or the purpose of changing its re	gistered office or r	registered	ed agent, or both, in the State of Florida. I am familiar with, and	ccept
the obligati	registered (gent.	to be land	011	11	11 2/9/10/	
SIGNATUR	Signature, typed or printed name of registered agent	WARLEY	Registered Agent signature		when reinstatron) DATE	_
***************************************			Egiale (U. Y. ge) III ang Estat			
	ILE NOW!!! FEE IS \$150.00					
	May 1, 2004 Fee will be \$550.00	of State			9. Election Campaign Financing Trust Fund Contribution. \$5.00 Ma Added to Financing	
Make Check		Appropriate Communication Comm	11			ees
	May 1, 2004 Fee will be \$550.00 Payable to Florida Department of	Appropriate Communication Comm	11:	CAL!	Trust Fund Contribution. Added to Formatting	ees
Make Check 10. TILE NAME	May 1, 2004 Fee will be \$550.00 Payable to Florida Department of OFFICERS AND PD SALISBURY, MARTHA	DIRECTORS	TITLE NAME	Call Miles	Trust Fund Contribution. Added to Fund Added to Fundamental Contributions. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	ees 11
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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 reperver 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 attaching with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFF