FILED

2004 HNIEGRM RUSINESS REDORT (HRR)

1. Entity Name	MENT # P9700(IA BRIDE, INC.	0032398			S	ecretar	01 8:00 a y of Stat 26 038 ***150.00	te ;
Principal Place of Business Mailing Address								
1670 SE 3 CT 1670 SE 3 CT DEERFIELD BCH FL 33441 DEERFIELD BCH FL 33441					5000000			
	Ţ							
Principal Place of Business Address			•					
Suite, Apt.	Suite, Apt. #, etc.	etc.		DO NOT WRITE IN THIS SPACE				
City & State	3	City & State		. 4.	4. FEI Number 65-0747237 Applied For Not Applicable			
Zip	Country	Zip	Countr	y 5.	. Certificate o	Status Desired	\$8.75 Add	litional
	6. Name and Address of Current F	Registered Agent		7.	. Name and A	ddress of New Reg		
	ANTONIO - Ocean dr RDALE-FL 33378 -		Street Address (P.O.	set Address (P.O. Box Number is Not Acceptable)				
SIGNATURE 9This corpo Tax filing re	Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	e,	E: Registered	Agent signature required when \$\\$550.00 ee will be \$750.00	agent, or both	in the State of Floridation Campaign Finant Fund Contribution.	DATE	0 May Be
11.	OFFICERS AND D		12.		 ADDITIONS/C	HANGES TO OFFIC	ERS AND DIRECTORS	S IN 11
NAME STREET ADDRESS	PSTD VIOLANTI, ANTONIO 4100 GALT OCE AN DRIVE FT LAUDERDALE FL 33208	☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS	O SE ER FIEN	3 CT BENCH	Change	Addition S
TITLE NAME		☐ Delete	TITLE			*/	☐ Change	Addition
STREET ADDRESS			STREET	T ADDRESS	ر در چیند در از در		ي العادمسوران	
TITLE		☐ Delete	TITLE	31-211			☐ Change	Addition
NAME STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP TITLE		☐ Delete	CITY-S TITLE	51-219			☐ Change	Addition
NAME STREET ADDRESS			NAME STREET	T ADDRESS				
CITY-ST-ZIP		□ 6.1.4.	CITY-S TITLE	ST-ZIP			Change	☐ Addition
NAME	·	Delete	NAME	I ADDOCTO			Onlange	Addition
STREET ADDRESS CITY-ST-ZIP			CITY-S	T ADDRESS ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	Addition {
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP نز				
indicated of the corp changed,	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	true and accurate and that r wered to execute this report	ny signatu as require	ire shall have the sam	ne legal effect	as it made under oa	th; that I am an officer	or director
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #								

atterchment pa7t0032398 D0059363

NGCUCSSVIIW NOTUWE, 1670 S.E. 3rd Court

Deerfield Beach FL. 33441 Tel; (954) 426-6116 Fax: (954) 426-1599

Fax; (954)	426-1599				
Send to: FLOR. DA DEPT OF STATE	From: ASTOSIO VIBLASTI				
Attention: LEATICHES! -	Date:				
Office location: Le: 197000 > 32398	Office location:				
Fax number:	Phone number:				
Urgent Reply ASAP Please comment Total pages, including cover:	nt Please review For your information				
Comments: Educates Please find check in for pagnet of 2001 UNIFIRM THE DRIMAN FORM WAS NOT K Due to the OLD ADDRESS K ALEXT, AMP DEFICER. As late filing was UNINTENTIO Chack as pagnent of the FEE, PESPECIFICALLY Officelle	Business REPORT. ELEIVED BY ME, Possibly LEFICETED IN LEGISTERED AL please accept this WAINING the femalty.				