2004 FOR PROFIT CORPORATION

Jul 06, 2004 8:00 am **Secretary of State ANNUAL REPORT** 07-06-2004 90118 013 ***150.00 **DOCUMENT # P98000021188** 1. Entity Name OFFÉNSIVE DEFENSE, INC. 33U31~A3 Principal Place of Business Mailing Address 18764 NW 55 AVE 18764 NW 55 AVE MIAMI, FL 33055 MIAMI, FL 33055 2. Principal Place of Business 06302004 Chg-P CR2E034 (10/03) Applied For 4. FEI Number 65-0819071 Not Applicable \$8:75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STUEBE, THOMAS Street Address (P.O. Box Number is Not Acceptable) 18764 NW 55 AVE MIAMI, FL 33055 1amar 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 the obligations of registered agent. C/30/64 homas Stucke SIGNATURE ***** Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition Delete TITLE TITLE -UEBE, 111 Um. \$445 W 186 Way - = 33029 STUEBE, THOMAS NAME NAME 18764 NW 55 AVE STREET ADDRESS STREET ADDRESS MIAMI, FL 33055 CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE

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 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 attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

Affachment 44047214

LAW OFFICE

PHILLIP B. RARICK, P.A.

Miami Lakes Executive Center 7850 N.W. 146th Street, Suite 502 Miami Lakes, Florida 33016

Phillip B. Rarick, Esq. Member of Florida, Indiana and Virginia Bars Telephone (305) 556-5209 Facsimile (305) 362-9525 E-Mail: PRarick@FL-Estate-Planning.Com Web Site: FL-Estate-Planning.Com

June 30, 2004

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302

Re:

OFFENSIVE DEFENSE, INC., a Florida Corporation

Document #P98000021188)

Dear Sir or Madam:

I am the attorney for Thomas Stuebe, President of the referenced corporation. For the past three years, since the date of incorporation, Mr. Stuebe has timely paid the Florida annual corporation fee upon receipt of notice. However, for the year 2004, he did not receive prior notice. He therefore requests that the late charge of \$400 be waived and submits payment for \$150. Enclosed is:

- 2004 Annual Report
- Check for \$150

Thank you for your attention to this matter.

Sincerely,

Phillip B. Rarick

Enclosures:

Cc: Thomas Stuebe