2004 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED N

Hommo

SIGNATURE:

FILED Mar 05, 2004 8:00 am **DOCUMENT # P98000028435 Secretary of State** ENGEL PUBLISHING, INC. 03-05-2004 90013 037 ***150.00 Principal Place of Business Mailing Address 14350 SOUTHWEST 92ND TERRACE 14350 SOUTHWEST 92ND TERRACE MIAMI. FL 33186 MIAMI: FL 33186 2. Principal Place of Business 3. Mailing Address 10582 10582 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 02172004 Chg-P 4. FEI Number Applied For City & State City & State Paton Boos Boca 65-0823178 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name onstantine CONSTANTINE, KARINA Street Address (P.O. Box Number is Not Acceptable) 14350 SW 92ND TERR MIAMI, FL 33186 ଯର ୫ 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 adcept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, * Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PDT ☐ Addition mhe me ☐ Delete Karina Constantine CONSTANTINE, KARINA NAME NAME S. 228 10582 STREET ADDRESS 14350 SOUTHWEST 92ND TERRACE STREET ADDRESS 33428 Boca Raton CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33186 Delete ☐ Addition TITLE SUD TITLE Lawrence DAVIS, LAWRENCE NAME NAME 10582 5. das lane STREET ADDRESS 14350 SOUTHWEST 92ND TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33186 TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TTTLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TIDE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 it 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