
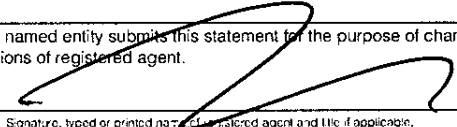
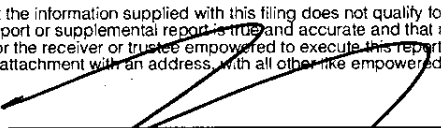


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90303 035 ***150.00

| | | | |
|---|-------------------------------------|---|--|
| DOCUMENT # P98Q00054711 | |  | |
| 1. Entity Name 3625, INC. | | Principal Place of Business 3144 NE 212 ST AVENTURA, FL 33180 | |
| Mailing Address PO BOX 190310 FT LAUDERDALE, FL 33319 | | 2. Principal Place of Business | |
| 3. Mailing Address PO box 800638 | | Suite, Apt. #, etc. | |
| Suite, Apt. #, etc. | | 3. Mailing Address - | |
| City & State Aventura FL | | City & State Aventura FL | |
| 4. FEI Number 65-0852093 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent NEPOLA, TODD T 3144 NE 212 ST AVENTURA, FL 33180 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | City | |
| FL | | FL | |
| Zip Code | | Zip Code | |
| 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. | | 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. | |
| SIGNATURE  | | TODD NEPOLA U.P. 3/25/04 | |
| Signature, typed or printed name of registered agent and title, if applicable. | | (NOTE: Registered Agent signature required when re-instating) | |
| DATE | | DATE | |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE | PSD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NEPOLA, THOMAS C | NAME | |
| STREET ADDRESS | 3700 SOUTH OICEAN BLVD #503 | STREET ADDRESS | |
| CITY-ST-ZIP | HIGHLAND BEACH, FL 33487 | CITY-ST-ZIP | |
| TITLE | VTD <input type="checkbox"/> Delete | TITLE | VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NEPOLA, TODD | NAME | NEPOLA, TODD |
| STREET ADDRESS | 19655 EAST COUNTRY CLUB DR #207 | STREET ADDRESS | 3144 NE 212 ST |
| CITY-ST-ZIP | AVENTURA, FL 33180 | CITY-ST-ZIP | AVENTURA FL 33180 |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 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 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. | | | |
| SIGNATURE:  | | TODD NEPOLA U.P. 3/25/04 305-931-7090 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | |
| | | Director's Phone # | |