## 2004 FOR PROFIT CORPORATION

FILED May 05, 2004 08:00 AM Secretary of State

ANNOAL REPORT					Seci	etary o	1 State
1. Entity Name	MENT # P980000777 LERY, INC.	30					***
Dringing Class	of Business	Mailing Address					
Principal Place of Business Mailing Address 15845 REDINGTON DRIVE 15845 REDINGTON DRIVE REDINGTON BEACH, FL 33708 REDINGTON BEACH, FL 3370		3			( <b>68:</b> 33 <b>-10:5</b> 4 (10:54 (10:54 (10:54 (10:54 (10:54 (10:54 (10:54 (10:54 (10:54 (10:54 (10:54 (10:54 (10:54		
			Ç.	04272004	Na Chg-P	CR2E034 (	ar inii belian, n les
				4. FEI Numb 59-353	1870	\$8.	Applied For Not Applicable 75 Additional
				5. Certificate	of Status Desired		Required
	6. Name and Address of Current Re	gistered Agent		-			
SPIEGAL & UTERA, P.A. LAWYERS 343 ALMERIA AVENUE CORAL GABLES, FL 33134			Service of the servic				
SIGNATURE Signature, typed or privated name of registered agent and tate of applicable. [NOTE Registered Agent adjuntative required when restrating) OATE							
Signature, speed of presentative or segments against and time in approximate. (Inc.) is regulared region adjusted required when responsible (Inc.) is regulared region adjusted region and regular adjusted region and regio							
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Fin  Trust Fund Contribution			ncing \$5	.00 May Be led to Fees	05/05/1	04-80033-	-007 150.00
10.	OFFICERS AND D	RECTORS					
NAME STREET ADDRESS CITY-ST-ZP	PSTD MALKOVA, LENKA 15845 REDINGTON DRIVE REDINGTON BEACH, FL 33708						
TITLE NAME STREET ADDRESS		<del>,</del>			_		÷
CITY-ST-ZIP TITLE NAME							· =
STREET ADDRESS CITY-SI-ZIP						7.50	
NAME NAME STREET ADDRESS CITY-ST-ZIP				·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		* ***					
L	certify that the information supplied with to on this report or supplemental report is to	his filing does not qualify for the exerce and accurate and that my signs	emption stated in Sature shall have the	ection 119,07(3 same legal effe	)(i), Florida Statutés. ct as if made under	I further certify to oath; that I am a	hat the information in officer or director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4-26-04

Daylime Phone it