


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90407 045 \*\*\*150.00

**DOCUMENT # P99000057494**

1. Entity Name  
**PELICAN INDUSTRIES NETWORK, INC.**



**24030956**

Principal Place of Business      Mailing Address  
 10295 COLLINS AVE. #1518      10295 COLLINS AVE. #1518  
 BAL HARBOUR, FL 33154      BAL HARBOUR, FL 33154

2. Principal Place of Business      3. Mailing Address  
**3001 S. OCEAN DR.**      **3001 S. OCEAN DR.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**#6F**      **#6F**

City & State      City & State  
**Hollywood, FL**      **Hollywood FL**  
 Zip      Country      Zip      Country  
**33019**      **USA**      **33019**      **USA**



03262004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0938015**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**ALBO, JAMES V**  
**2020 N.E. 163RD STREET, #300**  
**NORTH MIAMI BEACH, FL 33162**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSIN, ISAAC 10295 COLLINS AVE. #1518 BAL HARBOUR, LF 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <del>OSIN, ISAAC</del> 3001 S. OCEAN DR #6F HOLLYWOOD, FL 33019 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD OSIN, SUE 10295 COLLINS AVE #1518 BAL HARBOUR, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD OSIN, SUE 3001 S. OCEAN DR. #6F HOLLYWOOD, FL 33019 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **ISAAC OSIN** *Isaac Osin*      3-26-04      954-921-6730  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #