2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Name	MENT # P9900091393		
Principal Place	_		-
1811 NW 16T POMPANO BE	H STREET 1811 NW 16TH STREET ACH, FL 33069 POMPANO BEACH, FL 33069		
			{
	The second secon		02172004 No Chg-P CR2E034 (10/03)
D	O NOT WRITE IN THIS SPA	CE	4. FEI Number Applied For
	The state of the s		65-0955036 Not Applicable
			5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current Registered Agent	الموافقة الإدارات وعداد حمن	The state of the s
JULIANO, "	TOM	, NAPL 42	DO NOT WRITE
12044 CLA	SSIC DR		DO NOT WRITE
CORAL SP	PRINGS, FL 33071	And the second	IN THIS SPACE
		4	
8. The above	named antity submits this statement for the purpose of changing its registe	ered office or registe	ared 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 \$5.00 May Be Trust Fund Contribution. Added to Fees			
10.	OFFICERS AND DIRECTORS		
TITLE NAME	P JULIANO, THOMAS		
STREET ADDRESS	12044 CLASSIC DR.	A STATE OF THE PARTY OF THE PAR	100000 F222
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		150.00 150.00 150.00 150.00 150.00 150.00 150.00 150.00 150.00 150.00 150.00 150.00 150.00 150.00 150.00 150.00
TITLE NAME	VP SHERIFF, GARY		The state of the s
STREET ADDRESS	4739 NW 119 AVENUE		The second secon
CITY-ST-ZIP	CORAL SPRINGS, FL 33076		
TITLE			
NAME STREET ADDRESS			BO NOT WOLFE
CITY-ST-ZIP			DO NOT WRITE
TITLE		and the second s	IN THIS SPACE
NAME STREET ADDRESS	·-		
CITY-ST-ZIP			
TITLE		(4)	The state of the s
NAME CTRCCT + DDDCCO		Company of the second s	
STREET ADDRESS CITY-ST-ZIP			MACON SHIPMAN
TITLE			The state of the s
NAME			
STREET ADDRESS CITY-ST-ZIP			The second secon
NAME STREET ADDRESS CITY-ST-IIP TITLE NAME STREET ADDRESS 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)(7), Florida Statutes. I further certify that the information indicated on this report or supplemental, Apon 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 of trusted empsywered 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 attachmept with an address, with all other like empowered.			
changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: 2-21-4 954-969-1712			