

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-29-2004 90043 026 \*\*\*158.75

44021825



01272004 Chg-P CR2E034 (10/03)

4. FEI Number **56-2382310** Applied For ☐ Not Applicable ☒

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

## 6. Name and Address of Current Registered Agent

KATZ, ERIC  
8795 W MCNAB RD STE 200  
TAMARAC, FL 33321

## 7. Name and Address of New Registered Agent

Name **Katz, Eric**  
Street Address (P.O. Box Number is Not Acceptable) **10894 Cypress Glen Drive**  
City **Coral Springs** FL Zip Code **33071**

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 **Eric Katz** DATE **3-23-04**

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

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | KATZ, ERIC              |                                 |
| STREET ADDRESS | 8795 W MCNAB RD STE 200 |                                 |
| CITY-ST-ZIP    | TAMARAC, FL 33321       |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                          |                                                                              |
|----------------|--------------------------|------------------------------------------------------------------------------|
| TITLE          |                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                          |                                                                              |
| STREET ADDRESS | 10894 Cypress Glen Drive |                                                                              |
| CITY-ST-ZIP    | Coral Springs, FL 33071  |                                                                              |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |                                                                              |
| STREET ADDRESS |                          |                                                                              |
| CITY-ST-ZIP    |                          |                                                                              |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |                                                                              |
| STREET ADDRESS |                          |                                                                              |
| CITY-ST-ZIP    |                          |                                                                              |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |                                                                              |
| STREET ADDRESS |                          |                                                                              |
| CITY-ST-ZIP    |                          |                                                                              |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |                                                                              |
| STREET ADDRESS |                          |                                                                              |
| 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: **Eric Katz** DATE **3-23-04** (954) 344-5306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #