

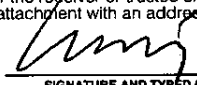


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90041 038 ***150.00

| | | | | | |
|---|--|---|---|---|--|
| DOCUMENT # P94000065444 1. Entity Name 117 N.E. SECOND STREET, INC. | | | |  | |
| Principal Place of Business Mailing Address <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> LAS OLAS 4501 FORT </div> <div style="width: 60%;"> 401 EAST LAS OLAS BLVD, SUITE 2200 FT. LAUDERDALE, FL 33301 </div> <div style="width: 10%; text-align: center;"> 1 US </div> </div> | | | |  | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01082004 Chg-P CR2E034 (10/03) | |
| City & State | | City & State | | 4. FEI Number 65-0528727 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HORVITZ, DAVID 401 EAST LAS OLAS BLVD, SUITE 2200 FT. LAUDERDALE, FL 33301 | | | | 7. Name and Address of New Registered Agent 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 _____ (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. <input type="checkbox"/> \$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 | DPST HORVITZ, DAVID W 401 E. LAS OLAS BLVD. #2200 FORT LAUDERDALE, FL 33301 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV HORVITZ, FRANCIE 401 E. LAS OLAS BLVD. #2200 FORT LAUDERDALE, FL 33301 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV BURTON, F. MELVIN 401 E. LAS OLAS BLVD. #2200 FORT LAUDERDALE, FL 33301 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| 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:  DAVID W. HORVITZ 4/23/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |