2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 15, 2004 08:00 AM Secretary of State DOCUMENT # S53306 CWYNAR ENTERPRISES, INC. Principal Place of Business Mailing Address 851 SE 6TH AVENUE 851 SE 6TH AVENUE SUITE 103 SUITE 103 DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 04102004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3079354 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CWYNAR, WILLIAM R SR DO NOT WRITE 2701 S W 8TH STREET BOYNTON BEACH, FL 33435 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U000000114436 OFFICERS AND DIRECTORS 10. -04/15/04-80043-021 150.00 TITLE CWYNAR, WILLIAM R SR NAME 2701 S W 8TH ST STREET ADDRESS CITY-ST-ZIP BOYNTON BCH, FL TITLE NAME CWYNAR, ANN M 2701 SW 8TH ST. STREET ADDRESS CITY-ST-ZIP BOYNTON BCH, FL 313LE NAME STREET ADDRESS DO NOT WRITE CSTY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TELE MAME STREET ADDRESS C3TY-ST-739

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is five and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee emptwered 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:

RITLE HAME STREET ADDRESS CITY-ST-ZIP

MANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/04

FILED

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