2004 FOR PROFIT CORPORATION

Apr 15, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P96000073790 1. Entity Name 700 BUILDING, INC. Principal Riace of Business Mailing Address 700 EAST DANIA BEACH BLVD 700 EAST DANIA BEACH BLVD DANIA BEACH, FL 33004 DANIA BEACH, FL 33004 01122004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0692851 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RYAN, CHRISTOPHER J DO NOT WRITE 700 EAST DANIA BEACH BLVD DANIA BEACH, FL 33004 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent alignature required when minetating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE RYAN, CHRISTOPHER J NAME 700 EAST DANIA BEACH BLVD STREET ADDRESS **DANIA, FL 33004** CITY-ST-75P <u>__U0000</u>0114766 04/15/04-80063-018 150.00 TITLE NAME RYAN, ARCHIE J III 700 EAST DANIA BEACH BLVD STREET ADDRESS COY+ST-ZIP DANIA, FL 33004 TITLE RYAN, TIMOTHY M NAME STREET ADDRESS 700 EAST DANIA BEACH BLVD DO NOT WRITE DANIA, FL 33004 CITY-ST-ZIP IN THIS SPACE TITLE MANIF STREET ADDRESS CITY-SY-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP

applied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information indicated on this report or supplier of the corporation or the section of chanced or on an attachment with a changed, or on an attac aner rike empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED