

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91233 034 ***150.00

DOCUMENT # 209283 1. Entity Name WATKINS FEALTY CORP			
Principal Place of Business 7261 SW 152 St 1660 Onaway Drive MIAMI, FL 33167 Coconut Grove, FL 33133		Mailing Address 7261 SW 152 St 1660 Onaway Drive MIAMI, FL 33167 Coconut Grove, FL 33133	
2. Principal Place of Business 1320 SOUTH DIXIE HWY Suite, Apt. #, etc.		3. Mailing Address 1320 SOUTH DIXIE HWY Suite, Apt. #, etc. #841	
City & State CORAL GABLES, FL Zip Country 33146 U.S.A.		City & State CORAL GABLES, FL Zip Country 33146 U.S.A.	
4. FEI Number 59-6068870		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHASE-PALGON, ABBEY 7261 S.W. 152 STREET MIAMI, FL 33157		7. Name and Address of New Registered Agent Name CHASE - PALGON, ABBEY Street Address (P.O. Box Number is Not Acceptable) 1320 SOUTH DIXIE HWY. Ste #841 City CORAL GABLES FL Zip Code 33146	
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: <u>X Abbey Chase-Palgon</u> DATE: <u>4/29/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	P GLOGOWER, KAREN 7261 S.W. 152 STREET MIAMI, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLOWGOWER, KAREN 1320 South Dixie Hwy. Ste #841 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CHASE-PALGON, ABBEY 7261 S.W. 152 STREET MIAMI, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CHASE-PALGON, ABBEY 1320 South Dixie Hwy. Ste #841 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>X Abbey Chase-Palgon</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/29/04</u> 305-710-2400 <small>Daytime Phone #</small>	