


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90002 004 ***150.00

DOCUMENT # 212558					
1. Entity Name E-BOND EPOXIES INC					
Principal Place of Business 501 N.E. 33RD ST. FORT LAUDERDALE FL 33334-2139			Mailing Address 501 N.E. 33RD ST. FORT LAUDERDALE FL 33334-2139		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-0826437	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROBINSON, JOHN R 501 N.E. 33RD ST. FORT LAUDERDALE FL				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 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	ST	<input type="checkbox"/> Delete	TITLE	D ST	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KANTOR, SYLVIA		NAME	KANTOR, SYLVIA			
STREET ADDRESS	501 N.E. 33RD ST.		STREET ADDRESS	501 N. E. 33RD ST.			
CITY-ST-ZIP	FORT LAUDERDALE FL		CITY-ST-ZIP	FORT LAUDERDALE, FL			
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	RIDGE, CATHERINE A		NAME	RIDGE, III, JAMES G			
STREET ADDRESS	501 N.E. 33RD ST.		STREET ADDRESS	501 N.E. 33RD ST.			
CITY-ST-ZIP	FORT LAUDERDALE FL		CITY-ST-ZIP	FORT LAUDERDALE, FL			
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MCHALE, LORINDA		NAME				
STREET ADDRESS	501 N.E. 33RD ST.		STREET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL		CITY-ST-ZIP				
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DESILETS, DENNIS		NAME				
STREET ADDRESS	501 N.E. 33RD ST.		STREET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL		CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROBINSON, JOHN R		NAME				
STREET ADDRESS	501 NE 33RD STREET		STREET ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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: *Sylvia Kantor Secretary/Treasurer/Director* **Sylvia KANTOR** 2/11/04 954 566-6555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #