2004 FOR PROFIT CORPORATION

SIGNATURE:

Feb 26, 2004 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # 283180** 02-26-2004 90001 041 ***150.00 **BEVÉRLY HILLS INC** Principal Place of Business Mailing Address C/O JAMES M. HARTLEY C/O JAMES M. HARTLEY 450 N PARK RD #710 450 N PARK RD #710 HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 01292004 Cha-P Applied For City & State 4. FEI Number City & State 59-1085698 Not Applicable Country Country Zip Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HAYSON, RUSSELL M. Street Address (P.O. Box Number is Not Acceptable) 3860 SHERIDAN ST HOLLYWOOD, FL 33021 Zip Code FL 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Secretary Sally S. Gibson 1261 SE Coral Reef St ☐ Change → Addition ☐ Delete TITLE TITLE HARTLEY, JAMES M NAME NAME 1261 SE Coral Reef St. Port St. Lucie, FL 34983 STREET ADDRESS 450 N PARK RD #710 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD, FL 33021 Addition TITLE ☐ Delete TITLE Change HAYSON, RUSSELL M. NAME NAME 3860 SHERIDAN ST STREET ADDRESS STREET ADDRESS HOLLYWOOD, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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.

JAMES M. HARTLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone i

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