2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 291436

Address:

City-St-Zip:

FILED May 19, 2004 Secretary of State

Entity Nar	ne: STIVES	INC FLORIDA				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
13449 N.W MIAMI, FL	/. 42 AVE. 330544586					
Current Mailing Address:			New Mailir	New Mailing Address:		
	/. 42 AVE. IEF FINANCIA 330544586	L OFFICER	13449 N.W ATTN: CON MIAMI, FL	NTROLLER		
FEI Number:	59-1089469	FEI Number Applied For ()	FEI Number Not Appli	icable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
GROHOW 13449 NW MIAMI, FL	42 AVE					
The above in the State	named entity of Florida.	submits this statement for the pr	urpose of changing it	s registered	office or registered agent, or both,	
SIGNATUR	RE:					
	Electron	nic Signature of Registered Age	nt		Date	
		3(2)(b), F.S., the corporation did not g Trust Fund Contribution ().	receive the prior notice	e.		
OFFICERS	S AND DIREC	TORS:	ADDITION	S/CHANGES	TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD (ANGSTROM, V 13449 N.W. 42 MIAMI, FL 330	AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD (CARUANA, JEA 13449 N.W. 42 MIAMI, FL 330	AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (EDWARDS, BF 13449 N.W. 42 MIAMI, FL 330	AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	() Delete	Title: Name:	V (MURPHY, EDV) Change (X) Addition WARD	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

13449 N.W. 42 AVE MIAMI, FL 330544586

SIGNATURE: JEANNE CARUANA ٧ 05/19/2004