## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 294200**

FILED Apr 29, 2004 Secretary of State

Entity Name: FRED MCGILVRAY, INC. **Current Principal Place of Business: New Principal Place of Business:** 8690 N W 58TH ST MIAMI, FL 33166 US **Current Mailing Address: New Mailing Address:** P.O. BOX 522204 MIAMI, FL 33152 US FEI Number: 59-1097179 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCGILVRAY, MICHAEL O 8690 N.W. 58 STREET MIAMI, FL 33166 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition MCGILVRAY, TIMOTHY L, Name: Name: 7460 S.W 127 STREET Address: Address: City-St-Zip: MIAMI, FL 33156 City-St-Zip: Title: Title: () Delete () Change () Addition GRETHEN, J P JR. Name: Name: 6285 S W 99 TERR Address: Address: MIAMI, FL City-St-Zip: City-St-Zip: Title: Title: CD () Delete () Change () Addition MCGILVRAY, FRED, Name: Name: 6000 S W 128TH ST Address: Address: City-St-Zip: MIAMI, FL 33156 City-St-Zip: Title: ( ) Delete Title: () Change () Addition MCGILVRAY, MICHAEL O, . Name: Name: Address: 6050 SW 128TH STREET Address: City-St-Zip: City-St-Zip: MIAMI, FL 33156 Title: Title: (X) Change ( ) Addition () Delete

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.

Name:

Address:

City-St-Zip:

PATTI, NORMAN E.,

7431 S.W. 131 AVE.

MIAMI, FL 33183

SIGNATURE: NORMAN E. PATTI V 04/29/2004

PATTI, NORMAN E.,

7431 S.W. 131 AVE.

MIAMI, FL

Name:

Address: City-St-Zip: