2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2004 08:00 AM Secretary of State **DOCUMENT # 369600** 1. Entity Name 26401 CORP. Principal Place of Business Mailing Address 2775 W OKEECHOBEE ROAD 2775 W OKEECHOBEE ROAD HIALEAH, FL 33010 HIALEAH, FL 33010 No Chg-P CR2E034 (10/03) 01212004 DO NOT WRITE IN THIS SPACE 4. FEI Number 59-1301329 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GINSBURG, MURRAY

2775 W OKEECHOBEE RD HIALEAH, FL 33010				IN THIS SPACE				
	named entity submits this statement for the patients of registered agent.	purpose of changing its registere	d office or re	egistered agent, or bo	th, in the State of Florida. I am familiar	with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE	· · · · · · · · · · · · · · · · · · ·		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	· · · · · · · · · · · · · · · · · · ·			
10.	OFFICERS AND DIRECT	CTORS		- 				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD GINSBURG, MURRAY 2775 W. OKEECHOBEE RD. HIALEAH, FL 33010 SDT GINSBURG, ANDREW				U00000012208			
STREET ADDRESS CITY-ST-ZIP	2775 W. OKEECHOBEE RD. HIALEAH, FL 33010				01/26/04 -30002-020	150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, RANDY 2775 W. OKEECHOBEE RD. HIALEAH, FL			DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE			
TITLE								

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.

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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ANDREW GINSAURE

DO NOT WRITE

305-887-6570