



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 413946</b>		
1. Entity Name <b>AFFILIATED RESOURCES CORPORATION</b>		
Principal Place of Business <b>5020 GUNN HWY. SUITE 240 TAMPA, FL 33624</b>		Mailing Address <b>5020 GUNN HWY. SUITE 240 TAMPA, FL 33624</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>CUNILL, B.C. 5020 GUNN HWY. SUITE 240 TAMPA, FL 33624</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		<b>000000115849 04/16/04-80041-005 150.00</b>
TITLE	CPD	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	CUNILL, B.C.	
STREET ADDRESS	5020 GUNN HWY, STE. 240	
CITY-ST-ZIP	TAMPA, FL	
TITLE	STD	
NAME	HERNANDEZ, C.A.	
STREET ADDRESS	5020 GUNN HWY ATE 240	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	VD	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	SECKINGER, A.H.	
STREET ADDRESS	5020 GUNN HWY., STE. 240	
CITY-ST-ZIP	TAMPA, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<b>DO NOT WRITE IN THIS SPACE</b>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
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.		
SIGNATURE:  <b>B. CUNILL</b>		<b>4/14/04</b> <b>813/269-2274</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>