


# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 499799</b>		
1. Entity Name <b>THE FEICK CORPORATION</b>		

FILED  
04 NOV 30 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>7742 N. KENDALL DR. MIAMI, FL 33156 US</b>	Mailing Address <b>7742 N. KENDALL DR. STE 106 MIAMI, FL 33156 US</b>
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2. Principal Place of Business <b>7742 N. Kendall Drive</b> Suite, Apt. #, etc.	3. Mailing Address <b>7742 N. Kendall Drive</b> Suite, Apt. #, etc.
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11182004 Chg-P CR2E034 (10/03)

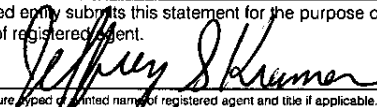
City & State <b>Miami, Florida</b>	City & State <b>Miami, Florida</b>
Zip <b>33156</b>	Country <b>US</b>

4. FEI Number <b>59-1673939</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>FEICK, PATRICIA M 12995 SW 68 AVE. MIAMI, FL 33156</b>	
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7. Name and Address of New Registered Agent Name: <b>Kramer, Jeffrey S.</b> Street Address (P.O. Box Number is Not Acceptable) <b>7700 N. Kendall Drive Suite 510</b> City: <b>Miami</b> <b>FL</b> Zip Code: <b>33156</b>	
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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:  DATE: <b>11-24-04</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FEICK, PATRICIA</b> <b>12995 S.W. 68 AVE.</b> <b>MIAMI, FL 33156</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Feick, Gary</b> <b>7550 SW 134 Street</b> <b>Miami, FL 33156</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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SIGNATURE: 	Date: <b>11-24-04</b> Daytime Phone #: <b>305 259-3000</b>
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