


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 505471</b>	
1. Entity Name EPIC COMMUNITIES, INC.	

Principal Place of Business 9260 SW 85TH ST MIAMI, FL 33173 US	Mailing Address 9260 SW 85TH ST MIAMI, FL 33173 US
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**DO NOT WRITE IN THIS SPACE**



04142004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1676764	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SEMET, BARRY  
 201 ALHAMBRA CIRCLE, 8TH FLR  
 CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIMERCUEIO, CHRISTOPHER J 9260 SW 85TH STREET MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIMERCURIO, SEAN N 9260 SW 85TH ST MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHAN, FLORENCE 9260 SW 85TH STREET MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOPEZ, JOANNE 9260 SW 85TH STREET MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIMERCURIO, ALBERT A 9260 SW 85TH STREET MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIMERCURIO, ANTHONY J 9260 SW 85TH ST MIAMI, FL 33173

U00000120186  
 04/19/04-80124-007 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Joanne D. Lopez Joanne D. LOPEZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #