2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 538447

1. Entity Name
JOHN CASSIDY INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
3680 N.W. 73RD ST. MIAMI, FL 33147 US	3680 N.W. 73 STREET MIAMI, FL 33147

01282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1790932
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CASSIDY, JOHN H
3680 N.W. 73RD ST.
MIAMI, FL 33147

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

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	VP
NAME	CASSIDY, PAUL F
STREET ADDRESS	4717 POLS STREET
CITY-ST-ZIP	WEST PALM BEACH, FL 33414
TITLE	STD
NAME	COLLIER, MARTHA
STREET ADDRESS	11700 WATERBOND COURT
CITY-ST-ZIP	WEST PALM BEACH, FL 33414
TITLE	D
NAME	CASSIDY, JOHN H
STREET ADDRESS	4811 ROOSEVELT ST
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	P
NAME	CASSIDY, JANE E
STREET ADDRESS	1200 N.W. 91 AV
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/22/04-80082-018 150.00

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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: Jane Cassidy 4/20/04 (305) 836-6216 x-12
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #