

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 548072

FILED  
Jul 19, 2004  
Secretary of State

Entity Name: EPOXIES UNLIMITED, INC.

## Current Principal Place of Business:

1251 BURLINGTON ST  
OPA LOCKA, FL 33054

## New Principal Place of Business:

## Current Mailing Address:

1251 BURLINGTON ST  
OPA LOCKA, FL 33054

## New Mailing Address:

FEI Number: 59-2443097

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TOUBY, RICHARD  
19 WEST FLAGLER ST., STE 907  
MIAMI, FL 33130 US

## Name and Address of New Registered Agent:

FLYNN, JANINE  
1251 BURLINGTON STREET  
OPA LOCKA, FL 33054 US

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.

SIGNATURE: JANINE FLYNN

07/19/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO (X) Delete  
Name: TOUBY, RICHARD  
Address: 19 WEST FLAGLER STREET, STE. 907  
City-St-Zip: MIAMI, FL 33130

Title: COO ( ) Delete  
Name: LUTZ, JANINE  
Address: 1251 BURLINGTON STREET  
City-St-Zip: OPA LOCKA, FL 33054

Title: EVP ( ) Delete  
Name: HERNANDEZ, GERMANIA  
Address: 1251 BURLINGTON STREET  
City-St-Zip: OPA LOCKA, FL 33054

Title: S ( ) Delete  
Name: LUTZ, JANINE  
Address: 1251 BURLINGTON STREET  
City-St-Zip: OPA LOCKA, FL 33054

Title: CT ( ) Delete  
Name: WILLIAMS, MAUREEN  
Address: 1251 BURLINGTON STREET  
City-St-Zip: OPA LOCKA, FL 33054

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CEO (X) Change ( ) Addition  
Name: FLYNN, JANINE  
Address: 1251 BURLINGTON STREET  
City-St-Zip: OPA LOCKA, FL 33054

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: WILLIAMS, MAUREEN  
Address: 1251 BURLINGTON STREET  
City-St-Zip: OPA LOCKA, FL 33054

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAUREEN WILLIAMS

CTS

07/19/2004

Electronic Signature of Signing Officer or Director

Date