2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 583283

1. Entity Name
SIG M. GLUKSTAD, INC.

Principal Place of Business	Mailing Address
1801 N.W. 82 AVENUE P.O. BOX 523730 MIAMI, FL 33126-8013	1801 N.W. 82 AVENUE P.O. BOX 523730 MIAMI, FL 33126-8013

DO NOT WRITE IN THIS SPACE

01292004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1842080
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROBERTS, LEONARD C.
1801 N.W. 82ND AVENUE
MIAMI, FL 33126-8013

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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
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

U00000116625
04/16/04-80071-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROBERTS, LEONARD C.
STREET ADDRESS	1801 NW 82 AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	SD
NAME	GLUKSTAD, PHYLLIS
STREET ADDRESS	1801 NW 82 AVE.
CITY-ST-ZIP	MIAMI, FL 00000.
TITLE	VD
NAME	ROBERTS, BRUCE
STREET ADDRESS	1801 NW 82 AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	V
NAME	CREECH, GEORGE A.
STREET ADDRESS	1801 NW 82 AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	TD
NAME	AGUIRRE, JOSE I.
STREET ADDRESS	1801 NW 82 AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	V
NAME	ANNUNZIATA, FRED
STREET ADDRESS	1801 NW 82 AVE.
CITY-ST-ZIP	MIAMI, FL

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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: Jose I Aguirre 4/12/04 305-863-2566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #