2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 611923

1. Entity Name

ST. CLAIR INDUSTRIES, INC.

Principal Place of Business	Mailing Address
C/O SAUL RUBINOFF 3067 E COMMERCIAL BLVD FORT LAUDERDALE FL 33308	C/O SAUL RUBINOFF 3067 E COMMERCIAL BLVD FORT LAUDERDALE FL 33308

MOORE   CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	**4.** FEI Number 59-1998139	Applied For / Not Applicable
Zip / Country	Zip / Country	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RUBINOFF, SAUL 3067 E COMMERCIAL BLVD FORT LAUDERDALE FL 33339	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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
Make Check Payable to Florida Department of State

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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	RUBINOFF, SAUL		NAME			
STREET ADDRESS	246 NEPTUNE		STREET ADDRESS			
CITY-ST-ZIP	LAUD-BY-THE-SEA FL 33325		CITY-ST-ZIP			
TITLE	VP	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	KUBINOFF, ANNE		NAME			
STREET ADDRESS	246 NEPTUNE		STREET ADDRESS			
CITY-ST-ZIP	LAUD-BY-THE-SEA FL 33325		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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 another like empowered.

SIGNATURE: _Saul Rubinoff_   3/29/04   954-491-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #