## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 12, 2004 08:00 AM Secretary of State **DOCUMENT #614986** 1. Entity Name FLORIDA CATTLE COMPANY, INC. Principal Place of Business Mailing Address 1385 N W 15 ST. 1385 N W 15 ST. MIAMI, FL 33125 MIAMI, FL 33125 04082004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0087321 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE TIFFORD, ARTHUR W. 1385 N W 15 ST. MIAMI, FL 33125 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PD TIFFORD, ARTHUR W NAME U00000108810 STREET ADDRESS 1385 N W 15 ST. 04/12/04-80018-010 150.00 CITY-ST-ZIP MIAMI, FLORIDA 33125, TITLE NAME STREET ADDRESS CITY-ST-ZIP 313t F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE MANIE STREET ADDRESS City-St-ZiP TITLE

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 suppliemental 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.

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**