
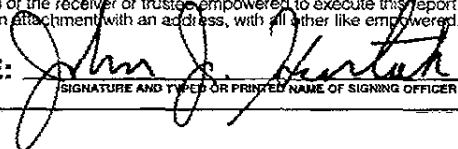


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 631003</b> 1. Entity Name <b>HURTAK'S CORPORATION</b>		
Principal Place of Business <b>% JOHN J. HURTAK 525 N.E. 58TH STREET MIAMI, FL 33137</b>	Mailing Address <b>% JOHN J. HURTAK 525 N.E. 58TH STREET MIAMI, FL 33137</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>HURTAK, JOHN J. 525 N.E. 58TH STREET MIAMI, FL 33137</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HURTAK, ANDREW EMIL 330 S ROYAL POINCIANA MIAMI SPRINGS, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KETCHAM, IRENE 1001 BAY RD 109C VERO BEACH, FL 32963	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HURTAK, JOHN J 525 N.E. 58TH STREET MIAMI, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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)(b), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>1-05-2004 305-759-8585</b> <small>Date Daytime Phone #</small>



01052004 No Chg-P CR2E034 (10/03)

4. FE# Number <b>59-2322884</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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01/08/04-80008-007 150.00

**DO NOT WRITE  
IN THIS SPACE**