


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 24, 2004 08:00 AM
Secretary of State

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| DOCUMENT # 648562 1. Entity Name WAYNE C. BECKNER & ASSOCIATES, INC. |  |
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| Principal Place of Business 9443 S OLD DIXIE HWY MIAMI, FL 33156 | Mailing Address 9443 S OLD DIXIE HWY MIAMI, FL 33156 |
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01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-1972833 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent BECKNER, WAYNE 9443 S OLD DIXIE HWY MIAMI, FL 33156 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD BECKNER, WAYNE 9443 S OLD DIXIE HWY MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD BECKNER, VIVIAN 9443 S OLD DIXIE HWY MIAMI, FL |
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| U00000012671 01/26/04-80019-016 150.00 |
| DO NOT WRITE IN THIS SPACE |

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: Wayne C. Beckner 1/19/2004 305-670-6012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #