2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 22, 2004 08:00 AM **Secretary of State DOCUMENT #657270** 1. Entity Name VARIATIONS, INC. Principal Place of Business Mailing Address 1855 GRIFFIN ROAD, SPACE A-136 1855 GRIFFIN ROAD, SPACE A-136 DANIA, FL 33004 DANIA, FL 33004 03052004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1988160 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NECASTRO, JOSEPH DO NOT WRITE 1301 N.E. 100TH STREET MIAMI SHORES, FL 33138 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. (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 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 OFFICERS AND DIRECTORS 10. PD TITLE NECASTRO, JOSEPH NAME UDOOOO093379 03/22/04-80015-019 150.00 1301 N.E. 100TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI SHORES, FL 33138 NAME STREET ADDRESS CITY-SI-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY - ST - ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZiP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

المتحجم والإنجاز والراباء

FILED