
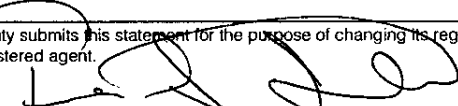
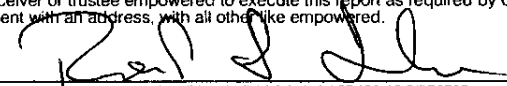


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90010 001 \*\*\*150.00

<b>DOCUMENT # 679862</b> 1. Entity Name <b>PALM BEACH INDUSTRIAL SALES, INC.</b>					
Principal Place of Business <b>206 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442-0017</b>				Mailing Address <b>3333 APENZELL CT. LAS VEGAS, NE 89129 US</b>	
2. Principal Place of Business <b>670 Island way Suite, Apt. #, etc. # 703</b>		3. Mailing Address <b>670 Island way Suite, Apt. #, etc. # 670</b>			
City & State <b>Clearwater Beach, FL</b>		City & State <b>Clearwater Beach, FL</b>			
Zip <b>33767</b>		Country <b>USA</b>		Zip <b>33767</b>	
Country <b>USA</b>		4. FEI Number <b>59-2010606</b>			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>IHRIE, ROBERT S. 206 S MILITARY TRAIL DEERFIELD BEACH, FL 33442</b>				7. Name and Address of New Registered Agent Name <b>IHRIE, Robert S</b> Street Address (P.O. Box Number is Not Acceptable) <b>670 Island way # 703</b> City <b>Clearwater Bch, FL</b> Zip Code <b>33767</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:  <b>2-10-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD IHRIE, ROBERT S 9650 STANGE AVE LAS VEGAS, NV		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD IHRIE, Robert S 670 Island way # 703 Clearwater Beach, FL 33767	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD IHRIE, JEAN N. 3333 APENZELL CT LAS VEGAS, NE		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SAME same 660 Island way # 904 Clearwater Beach, FL 33767	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			<b>2-10-04</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		