



**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

| | |
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| DOCUMENT # 709987 1. Entity Name PAGEENTRY, INC. |  |
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| Principal Place of Business 7430 S.W. 59TH ST. MIAMI, FL 33143 | Mailing Address 7430 S.W. 59TH ST. MIAMI, FL 33143 |
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DO NOT WRITE IN THIS SPACE

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| 01052004 No Chg-NP | CR2E037 (10/03) |
| 4. FEI Number 59-6169749 | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**FRIEDMAN, MR. BOB
1920 E. HALLANDALE BEACH BLVD.
SUITE 803
HALLANDALE, FL 33009**

**DO NOT WRITE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | <small>(NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|---|---|------------|

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| Filing Fee is \$61.25 Due by May 1, 2004 | 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 | P WYRICK, REV. V. NEIL 7430 SW 59TH ST. MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HILYARD, MRS. JOYCE 8511 SW 21ST ST. MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MOORE, MRS. ROSALIE 14870 S.W. 129 PLACE ROAD MIAMI, FL 331866323 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JACKSON, MRS CANDYNCE 9420 S.W. 181 TERRACE MIAMI, FL 33157 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WYRICK, THEOLA 7430 S.W. 59TH ST. MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

01/09/04-80015-024 61.25

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 617, 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.

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|---|--------------------|-------------------------------------|
| SIGNATURE: <i>J. S. Wyrick</i> V NEIL WYRICK, | Date 1/5/04 | Daytime Phone # 305-665-8686 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |