2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State DOCUMENT # F00000002511 03-30-2004 90012 024 ***150.00 1. Entity Name FNP-WEST PALM BEACH, INC. Principal Place of Business Mailing Address 94039827 700 S ROSEMARY AVENUE 9364 E. RAINTREE DR. #102 SCOTTSDALE, AZ 85260 WEST PALM BEACH, FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P CR2E034 (10/03) 03242004 City & State City & State 4. FEI Number Applied For 36-4361727 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE TITLE Change ☐ Delete ☐ Addition ROSENSTEIN, STEVEN J NAME NAME 9364 E. RAINTREE DRING STREET ADDRESS 1535 NORTH DAYTON STREET ADDRESS Scarradale, Az 8526. CITY-ST-ZIP GHICAGO, IL 60622 CITY-ST-ZIP **VSTD** TITLE ☐ Delete TITLE ☐ Addition ROSENSTEIN, STEVEN J NAME NAME 9364 E. RAMMER DRIVE STREET ADDRESS 4535 NORTH DAYTON STREET ADDRESS CITY-ST-ZIP" CHICAGO, IL 60622 CITY-ST-ZIP TITLE ☐ Delete TITLE ---- Change - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS 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)(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 of the corporation of the corporation of the corporation of the corporation of the receiver of trustee empowered. Szeven Rosers row 1/4/04 C4901391

FILED Mar 30, 2004 8:00 am