FILED Apr 16, 2004 8:00 am Secretary of State 04-16-2004 90080 026 ****70.00

2004 NOT-FOR-PROFIT CORPORATION

ANNUAL PEROPT

Od-16-2004 90080 026 ****70

DOCUMENT # F01000001847 Formigue Prece of Business		ANNUAL	REPORT		-	04-10-2004 20000 020	70.00	
Principal Place of Business 3037 NORTH MILWANKE NE CHCAGO, IL 60518 US AMAINO ACTIVE BUVD NORTH PORT, FL 34287 US 2 Principal Place of Business 207 CRT12 Blvd 30300004 Chg-NP CR2E007.(10'03) 2 Principal Place of Business 207 CRT12 Blvd 30300004 Chg-NP CR2E007.(10'03) Applied For NORTH PORT, FL 36'804285 Applied For NORTH PORT, FL 4- FB Number WCRTTH PORT FL County 30-3664285 Applied For NORTH PORT FL County 34 28 7 County 35 Seeded 28 5 The Applied For NORTH PORT, FL 34257 B. The above named existy submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Fortica, I am furnish with, and accept the accept the acceptation of registered agent, or both, in the State of Fortica, I am furnish with, and accept the acceptation of registered agent, or both, in the State of Fortica, I am furnish with, and accept the acceptation of registered agent, or both, in the State of Fortica, I am furnish with, and accept the acceptation of registered agent, or both, in the State of Fortica, I am furnish with, and accept the acceptation of registered agent, or both, in the State of Fortica, I am furnish with, and accept the acceptation of registered agent, or both, in the State of Fortica, I am furnish with, and accept the acceptation of registered agent, or both, in the State of Fortica, I am furnish with, and accept the acceptation of registered agent, or both, in the State of Fortica, I am furnish with, and accept the acceptation of registered agent, or both, in the State of Fortica, I am furnish with, and accept the acceptance of the acceptance of the acceptance of registered agent, or both, in the State of Fortica, I am furnish with, and accept the acceptance of	1. Entity Nam	10						
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3037 NORTH MUMAXEE AVE CHCAGO, IL 60618 US NORTH PORT, FL 34287 US Subs. Apr. 4. Inc. Sub	Principal Plac	e of Business	Mailing Address			94053025		
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ACCEPTION PORT FL. NORTH PORT FL. 36-3864285	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		03302004 - CI	rg-NP CR2E037 (10	/03) ــــــــــــــــــــــــــــــــــــ	
See Regulated Section	NORTI		NORTH PORT	F. FL.	4. FEI Number 36-386428	5	····	
S. Name and Address of Current Registered Agent NAZARIAN, ELIZABETH 248 ORTIZ BLVD. NORTH PORT, FL 34257 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. **The above named entity submits this statement for the purpose of changing its registered office or registered agent. **SIGNATURE** **S				•	5. Certificate of St			
NAZARIAN, ELIZABETH 246 ORTIZ BLVD, NORTH PORT, FL 34257 8. The above named entity submits this statement for the purpose of changing its registered diffus or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the orbigations of registered agent. 15 (NATURE 10	21.20			<i>V</i> (3)+	7. Name and Add	<u> </u>	oquii o	
Street Address (P.O. Box Number is Not Acceptable)	NAZARIAN	N. ELIZABETH		Name	VAZARIAN	ARIAN ELIZABETH		
2. The above named entity submits this statement for the purpose of changing its registered agent. 3. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am amiliar with, and accept the obligations of registered agent. 3. SIGNATURE SIGN	246 ORTIZ BLVD. Street							
R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE FIlting Fee is \$81.25 Due by May 1, 2004 Pack of Prince And DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TIME NAZARIAN, ELIZABETH NAME NAZARIAN, ELIZABETH NAME NAZARIAN, ANCA STREET ADDRESS SOUTH OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TIME NAZARIAN, ELIZABETH NAME NAZARIAN, ANCA STREET ADDRESS SOUTH OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TIME NAME NAZARIAN, ANCA STREET ADDRESS SOUTH OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TIME NAME NAZARIAN, ANCA STREET ADDRESS SOUTH OFFICERS STREET ADDRESS STREET ADDR	NORTH PORT, FL 34257				JEZ ORTIZ RIVA			
B. The aboven 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		•						
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Trust Fund Contribution. Added to Fees Florida Department of State	,	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signate	required when reinstating)	DATE		
TITLE NAZARIAN, ELIZABETH		-			\$5.00 May Be Added to Fees		1	
NAME NAZARIAN, ELIZABETH SÎREI ADDRESS 246 ORTIZ BLVD SÎREI ADDRESS 260 CRTIZ BLVD SÎREI ADDRESS 270 P NORTH PORT, FL SIREI ADDRESS 504 E. GRIMES LANE UNAZARIAN, ANCA SÎREI ADDRESS 504 E. GRIMES LANE SÎREI ADDRESS 504 E. GRIMES LANE UNAZARIAN, ANCA SÎREI ADDRESS 504 E. GRIMES LANE UNAZARIAN, ANIA SÎREI ADDRESS 504 E. GRIMES LANE UNAZARIAN, IVONA 1028 N WINCHESTER CHICAGO, IL 60622 UNAZARIAN, FLIZABETH NAME UNAZARIAN, FLIZABETH NAME UNAZARIAN, FLIZABETH NAME UNAZARIAN, FLIZABETH SÎREI ADDRESS CHICAGO, IL 60630 UNAZARIAN, SELIZABETH SÎREI ADDRESS CHICAGO, IL 60630 UNAZARIAN, SELIZABETH SÎREI ADDRESS CHICAGO, IL 60645 UNAZARIAN, FLIZABETH NAME UNAZARIAN, FLIZABETH NAME UNAZARIAN, FLIZABETH UNAZARIAN, FLIZABETH SÎREI ADDRESS CHICAGO, IL 60645 UNAZARIAN, FLIZABETH NAME UNAZARIAN, FLIZABETH UNAZARIAN, FLIZABETH NAME UNAZARIAN, FLIZABETH UNAZARIAN	र्सा0.	·						
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STREET ADDRESS 7300 N BELL AVE, APT. 35 STREET ADDRESS CHY-ST-ZP CHICAGO, IL 60845 STREET ADDRESS CHY-ST-ZP CHICAGO, IL 60845 STREET ADDRESS CHY-ST-ZP CHICAGO, IL 60845 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		17	☐ Delete			. 🗆 🗅 0	hange 🔲 Addition	
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12. Thereby certify that the information supplied with this filling 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		1 '	•			.		
changed, or on an attachment with an address, with all other like empowered.	of the co	rporation or the receiver or trustee emp	owered to execute this report a	as required by Cha	red in Section 119.07(3)(i), Fix ave the same legal effect as opter 617, Florida Statutes; an	orida Statutes. I further certify that if made under oath; that I am an id that my name appears in Bloc	t the information officer or director k 10 or Block 11 if	