2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 02, 2004 8:00 am Secretary of State DOCUMENT # F01000003034 1. Entity Name 04-02-2004 90025 019 ***150.00 PL LAKE WORTH CORP. Principal Place of Business Mailing Address 417 5TH AVENUE, 3RD FLOOR NEW YORK 10016 417 5TH AVENUE, 3RD FLOOR 54025478 2. Principal Place of Business 3. Mailing Address SPHILIPS INTERNATIONAL HOLDING CORP. TO SUPHILIPS INTERNATIONAL HOLDING CORP. 295 MADISON AVE., 2nd FL. City ANGENICYORK, NEW YORK 10017 295 MADISON AVE., 2nd FL. City NEW YORK, NEW YORK 10017 MOORE CR2E034 (11/03) Applied For 4. FEI Number 30-0058214 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 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 Zip Code FL 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 295 MADISON AVE 2ND FLOOR TITLE PD ☐ Delete TITLE ☐ Addition PILEVSKY, PHILIP NAME NAME NOW YORK NY 10017 417-5TH-AVENUE, 3RD-PLOOR-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10016 CITY-ST-ZIP 295 MADISON AUE NEW YORK NY 10017 Change **a**mue ☐ Delete TITLE ☐ Addition NAME MYER, SONDRA NAME 417 57H AVENUE, 3RD FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10016 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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 impowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

FILED

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