

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90052 016 ***150.00

44004133



01132004 Chg-P CR2E034 (10/03)

4. FEI Number 47-0211483 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABBOUD, BRYAN
501 BRICKELL KEY DRIVE, STE 603
MIAMI, FL 33131

Name **ABBOUD**
Street Address (P.O. Box Number is Not Acceptable)
703 WATERFORD WAY
SUITE 690
City **Miami** FL Zip Code **33126**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ABBOUD, BRYAN	
STREET ADDRESS	501 BRICKELL KEY DRIVE, STE 603	
CITY-ST-ZIP	MIAMI, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEIN, DAVE	
STREET ADDRESS	69 WOODLAND RD	
CITY-ST-ZIP	MAHOPAC, NY 10541	
TITLE	DC	<input type="checkbox"/> Delete
NAME	GLAZA, THOMAS	
STREET ADDRESS	370 FALLEN LEAF LANE	
CITY-ST-ZIP	ROSWELL, GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOUKAS, JAMES	
STREET ADDRESS	565 BLACKHAWK CT	
CITY-ST-ZIP	COLORADO SPRINGS, CO 80919	
TITLE	TS	<input type="checkbox"/> Delete
NAME	SNYDER, CLINTON	
STREET ADDRESS	5401 COLLINS AVE #137	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABBOUD	
STREET ADDRESS	703 WATERFORD WAY STE 690	
CITY-ST-ZIP	Miami FL 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUKAS	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/04

Date

305-374-2036

Daytime Phone #