

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002137

FILED
Feb 03, 2004
Secretary of State

Entity Name: ABSOLUTE VALUE CAPITAL MANAGEMENT, INC.

Current Principal Place of Business:

209 NORTH FORT LAUDERDALE BEACH BLVD.
PENTHOUSE F
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

209 NORTH FORT LAUDERDALE BEACH BLVD.
PENTHOUSE F
FORT LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 60-0002730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEBEVEC, JAMES III
209 NORTH FORT LAUDERDALE BEACH BLVD.
PENTHOUSE F
FORT LAUDERDALE, FL 333044339 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: DEBEVEC, JAMES II
Address: 209 NORTH FT. LAUDERDALE BEACH BLVD. PH
City-St-Zip: FORT LAUDERDALE, FL 333044339

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: DEBEVEC, JAMES II
Address: 209 NORTH FT LAUDERDALE BEACH BLVD.PH-F
City-St-Zip: FORT LAUDERDALE, FL 333044339 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES DEBEVEC

CEO

02/03/2004

Electronic Signature of Signing Officer or Director

Date