FILED Aug 02, 2004 8:00 am Secretary of State

2004 FC	ANNUAL REPORT	UN
DOCUMENT #	F9400000694	

Zip Country S. Certificate of Status Desired S8.75 Addition: Fee Required 6. Name and Address of Survey Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name PASTER, RICHARD J 3250 STE 5 JENSEN BEACH, FL 34957 City FL Zip Code 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 Fiorida. I am familiar with, and the obligations of registered agent. SIGNATURE Signature, typid or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when rerestating) DAIE FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 9. Election Campaign Financing Trust Fund Contribution. State of Fiorida. I am familiar with, and the lapplicable. (NOTE: Registered Agent signature required when rerestating) DAIE FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Address of New Registered Agent Agent agents agent, or both, in the State of Fiorida. I am familiar with, and the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and the obligations of registered agent. SIGNATURE Signature, typid or printed name of registered agent and title it applicable. (NOTE: Registered Agent agent, or both, in the State of Fiorida. I am familiar with, and the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and the	CUMENT # F940000006 y Name RGE H. PASTOR & SONS, INCO	ì		00 02 200	4 90009 035 ***1	30.00
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6. Name and Address of Survey Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Certificate of Status Desired 7. Name and Address of New Registered Agent 8. Name 8. Street Address (P.O. Box Number is Not Acceptable) 9. Street Address (P.O. Box Number is Not Acceptable) 9. City FL 2ip Code 1. 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 the obligations of registered agent. 8. City FL 2ip Code 1. 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 the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and agent a	- 1 A		38-24		<u> </u>	ot Applicab
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