2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # F9400003542 1. Entity Name SELECT SITES OF ATTLEBOROUGH, INC.				05-03-2004 90	0701 027 ***15		
Principal Place of Business 3225 AVIATION AVE SUITE 300 COCONUT GROVE, FE 33135 US	Mailing Address 3225 AVIATION AVE STE 700 COCONUT GROVE, FL	33155 US			II PERE NI CINCERIO II		
2. Principal Place of Business 3109 SHALD AUE Suite, Apr. #, etc.	AND AVE		12))) 212(1 22)) 22(1) 22(1) 22	ile avida ilimi etili alelik ile:			
# 326	# 326 - City & State		04262004 4. FEI Numbe		CR2E034 (10/03)	plied For	
COCOUNT GROVE, FL	CoconuT	Grove, FL	65-0282		No	t Applicable	
331-3-3-	33133	Cooning			S8.75 Add Fee Required		
Name 1_1				7. Name and Address of New Registered Agent ————————————————————————————————————			
3225 AVIATION AVENUE Street Address				(P.O. Box Number is Not Acceptable)			
STE 700. COCONUT GROVE, FL 33138		3109	GMA	NO AUE	. #320	5	
		1 City Co	~	Srove	FL Zip Code	33133	
8. The above named entity submits this statement the obligations of registered agent.	ter the purpose of chambing	registered office or regi	etored agent, or bot	h, in the State of Florid	a. I am familiar with,	and accept	
SIGNATURE X	100.10	une			4/27/04		
Signature/typed originated name of registered ago		TE: Registered Agent signature req			DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550	9. Election Campa Trust Fund Cor	· · - ·	\$5.00 May Be Added to Fees				
1	ID DIRECTORS	11.		CHANGES TO OFFICE			
TITLE VC	☐ Delete	TITLE NAME		and Ave	☑ Change	☐ Addition	
STREET ADDRESS 3925 AVIATION AVENUE STE CITY-ST-ZIP GOCONUT GROVE, FL 3313	STREET ADDRESS CITY-ST-ZIP	Tours Tour	Gove		3133		
TITLE TDS	☐ Delete	TITLE			Change	☐ Addition	
NAME DIXON, ROBERT STREET ADDRESS 3225-AVIATION AVE STE 769		2 I DEEL ADDRESS	£	H auny	15 # 3	26	
CITY-ST-ZIP COSONUT GROVE, FL 33133	Delete	CITY-ST-ZIP	<u>ocubuT</u>	Gove,	FL 3	Addition	
NAME GARS, IRWIN S		NAME STREET ADDRESS		A.			
STREET ADDRESS 3225 AVIATION AVE 7 FLOOF CITY-ST-ZIP COCONUT GROVE, FL 33133		CITY-ST-ZIP					
TITLE NAME	☐ Delete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP					
TITLE	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS		NAME - STREET ADDRESS				ļ	
CITY-ST-ZIP	Delete	CITY-ST-ZIP TITLE	. ,		☐ Change	☐ Addition	
NAME	Uplete	NAME					
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		···			
12. I hereby certify that the information supplied with this filling does not qualify for the exemption related 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 shelf 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 astronomy to Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an actions with all other like or prevered. SIGNATURE: SIGNATURE Dayline Phone #							