


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # F96000003666	
1. Entity Name FIRST PERFORMANCE CORP.	

FILED
04 JAN 14 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4901 NW 17TH WAY STE. 606 FT LAUDERDALE, FL 33309	Mailing Address 4901 NW 17TH WAY STE. 606 FT LAUDERDALE, FL 33309
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See Attach

01142004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 76-0508437	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, JAMES A 3461 PIERCE STREET HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300027770083 01/29/04--01028--005 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEBER, PAUL J 7598 DAFFODIL WAY FRISCO, TX 75034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLOHM, DONNA 8804 VERNON COURT PLANO, TX 75025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCRAW, MIKE 2740 N DALLAS PKWY #200 PLANO, TX 75093 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Date Daytime Phone #



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Business Entity Name

FIRST PERFORMANCE CORP.

FEI Number

760508437

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No \$8.75 each

Principal Place of Business

Address

4901 NW 17TH WAY

Suite, Apt. #, etc.

STE. 200

City, State

FT LAUDERDALE**FL**

Zip Code & Country

33309

Mailing Address

Address

4901 NW 17TH WAY

Suite, Apt. #, etc.

STE. 200

City, State

FT LAUDERDALE**FL**

Zip Code & Country

33309

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

-or- RA Business Name

CORPORATION SERVICE COMPANY

Address

1201 HAYS STREET

Suite, Apt. #, etc.

City, State

TALLAHASSEE**FL**

Zip Code & Country

323012525**US**

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Continue

Reset



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Business Entity Name

FIRST PERFORMANCE CORP.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title	P			
Name (Last, First, Middle, Title)	O'shea	Joseph		
-or- Entity Name				
Street Address	574 Everdell Avenue			
City, State	West Islip		NY	
Zip Code & Country	11795			
Title	S			
Name (Last, First, Middle, Title)	Bloch	Randi		
-or- Entity Name				
Street Address	11877 NW 55 Street			
City, State	Coral Springs		FL	
Zip Code & Country	33076			
Title	T			
Name (Last, First, Middle, Title)	Kane	Max		
-or- Entity Name				
Street Address	32 Cow Lane			
City, State	Great Neck		NY	
Zip Code & Country	11024			
Title	O			
Name (Last, First, Middle, Title)	Michael	John		
-or- Entity Name				
Street Address	111 Stillwater Avenue			
City, State	Massapaqua		NY	
Zip Code & Country	11758			

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Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

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