## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F9700006620  1. Entity Name PERIOD ENTERPRISES INCORPORATED					05-03-2004 91 206 045 ***1 58.75				
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21395 NW 9	ce of Business OTH CT	Mailing Address 21395 NW 9TH CT							
203		203			•				
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04302004	Chg-P	CR2E034	(10/03)	•	
City & State		City & State		4. FEI Number				plied For	
Zip	- Country	Zip	Country -	63-1162				t Applicable	
	(			5. Certificate o	f Status Desired	E Fee	5.75-Add Required	i	
	6. Name and Address of Current	Registered Agent	Name	7. Name and A	Address of New F	legistered Age	nt		
CARTER, CHERYL P									
	9TH CT #203		Street Addre	ss (P.O. Box Number	is Not Acceptable	₽)			
MIAMI, FL	33169				,				
			City		<del> </del>	FL	Zip Code	<del></del>	
	named entity submits this statement f	or the purpose of changing its re	gistered office or regi	stered agent, or both	, in the State of Flo		iliar with,	and accept	
the obligat	tions of registered agent.								
SIGNATURE.		·							
	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: R	egistered Agent signature req	pried when reinstating)		DATE			
After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550	9. Election Campaign Trust Fund Contrib	n Financing ution.	\$5.00 May Be Added to Fees					
After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	.00 Trust Fund Contrib	Financing ution.	Added to Fees	CHANGES TO OFF	ICERS AND DI	RECTORS	S IN 11	
After M	officers and	.00 Trust Fund Contrib	ution. 🗀 /	Added to Fees	CHANGES TO OFF		RECTORS Change	S IN 11	
After M 10.	OFFICERS AND CARTER III, JAMES S	ODIRECTORS	11. TITLE NAME	Added to Fees	CHANGES TO OFF				
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10. TITLE NAME STREET ADDRESS	OFFICERS AND CARTER III, JAMES S	Trust Fund Contrib  DIRECTORS  Delate	11. TITLE NAME STREET ADDRESS	Added to Fees	CHANGES TO OFF				
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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.

CITY-ST-ZIP

SIGNATURE: \_

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04

954-274-4066

Daytime Phone #