2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90354 021 ***150.00

DOCUMENT # G34226

1. Entity Name
ANCHOR REPAIR SERVICES, INC.

14015780

Principal Place of Business	Mailing Address
1007 N. AMERICA WAY 5TH FLOOR MIAMI, FL 33132 US	P. O. BOX 015359 MIAMI, FL 33101 US

04192004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	c/o Poo Ports North America, Inc. Suite, Apt. #, etc. 99 Wood Ave. South - 8TH Fl.
City & State	City & State Iselin, New Jersey
Zip / Country	Zip 08830 / Country USA

4. FEI Number
59-2361105
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
QUINN, DONALD T. 1007 NORTH AMERICA WAY MIAMI, FL 33132	Name: C T Corporation System Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road City: Plantation FL Zip Code 33324

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] Jill E. Kranz Assistant Secretary 4/23/04
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when changing — DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP QUINN, DONALD T 2100 S. OCEAN DR. FT. LAUDERDALE, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Chris Morton 1007 N. America Way - 5TH Floor Miami, Fl. 33132	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OVP QUINN, DANIEL J 1361 LUGO AVE CORAL GABLES, FL 33156	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Gary Willmot 99 Wood Ave. South - 8TH Floor Iselin, N.J. 08830	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Rob Scavone 99 Wood Ave. South - 8TH Floor Iselin, N.J. 08830	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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] Gary Willmot 4/27/04 732-635-3839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #