2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 15, 2004 08:00 AM Secretary of State

ANNUAL REPORT					C	- C C4 - 4 -
1. Entity Nan	MENT # G52838				Secretar	y of State
1850 HARRI	te of Business ISON ST. I, FL 33020 US	Mailing Address 1850 HARRISQN,ST HOLLYWOOD, FL 33020 US		- - - - - - - - - - - - - - - - - - -	ANT TARBA INTERNI SANTI INTERNI NI NI	(f afeli afek evalt errovali (f.emi
DO NOT WRITE IN THIS SPA			CE	03032004 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 59-2333698 Not Applicable		
				5. Certificate of	Status Desired 🔲	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent		·		
KELLY, JAMES P. 1850 HARRISON ST HOLLYWOOD, FL 33020					NOT WRITHIS SPAC	-
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 is am familiar with and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and site if applicable (NOTE Registered Agent signature required when refuseding) OATE						
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be ed to Fees		
10.	OFFICERS AND D	RECTORS	1			<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-JIP	P KELLY, JAMES P. 1850 HARRISON ST HOLLYWOOD, FL 33020	-				
TITLE NAME STREET ADDRESS CITY-ST-DP				- -	U00000086 03/15/04-806 00S-450045 DEPOSIT OF 03/15/04-	3387 049-018 150.00 53-1009088796 1LY 150.9 0 80048616 -
NAME STREET ADDRESS CITY-ST-ZIP					OT WRIT	-
TITLE NAME STREET ADDRESS CITY-ST-71P				IN T	HIS SPAC	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE	·		l	-		, <u>-</u> .—

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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; an of 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:

NAME STREET ADDRESS CITY-ST-DP

AUDITION OF PRINTED NAME OF SIG

GHING OFFICER OR DIRECTOR

3-10 44 954-924-7941