2004 FOR PROFIT CORPORATION

ANNUAL REPORT (AR)						FILED				
1. Entity Name				á			Jan 27, 2004 08:00 AM Secretary of State			
FEDERAL	BURGLARY, INC.			16			,			
Principal Place of Business			Mailing Address							
5342 AEOLUS WAY ORLANDO FL 32808			5342 AEOLUS WAY ORLANDO FL 32808							
CHLAREOT	£ 32000	0,12	3100 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc			Suite, Apt. #, etc.				MOORE CR2E	034 (11/03)		
City & State			Criy & State			4. F	59-2810386	<u> </u>	plied For It Applicat	
Zıp	Country -	Zγp		Country		Í	Certificate of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current	ed Agent	N	ame	7. N	ame and Address of New Register	red Agent			
ANDRADE, JANUARIO										
5342 AEOĹUSWAY ORLANDO FL 32808				S	Street Address (P.O. Box Number is Not Acceptable)					
Onl	ANDO FE 32000									
				С	ity			FL Zxp Cod	e	
	named entity submits this statement forms of registered agent.	or the purp	oose of changing its re	gistered o	ffice or register	red ag	ent, or both, in the State of Florida. I	am familiar with,	and acces	
SIGNATURE .	Signature typod or printed name of registered agen-	and little if ap	plicable (NOTE B	Registered Age	nt signature required	i when se	instating) D/	NTE		
	ILE NOW!!! FEE IS \$150.00		1							
Afte	r May 1, 2004 Fee will be \$550.00 c Payable to Florida Department of	d State					 Election Campaign Financing Trust Fund Contribution. 		IO May Pr. I to Fees	
10. OFFICERS AND DIRECTORS						AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11	
TITLE	PT Delete		☐ Delete	TITLE			110000000000000	☐ Change	A.K.	
NAME STREET ADDRESS	ANDRADE, JANUARIO DRESS 5342 AEOLUS WAY		WAME STREET		ORESS	U00000015011 01/27/04-80044-023 150.00)O		
CITY-ST-ZIP ORLANDO FL					Y-S1-Z#P		<u> </u>			
TIRE	V	DDADE STANGETTE		TITLE				☐ Change	□ Additi	
NAME STREET ADDRESS	ANDRADE, JEANNETTE 5342 AEOLUSWAY		name Street ac	IORESS						
CITY-ST-ZIP	ORLANDO FL			CHY-SI-	Z1P				_ :	
FIRE			Delete	TITLE NAME				Change	☐ Addin	
NAME STREET ADDRESS				STREET AL	idress					
CITY-ST-ZIP				CITY-ST-	ZIP					
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STREET ADDRESS				STREET AL	1					
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TITLE NAME			☐ Delete	title Name	Park Carrier			Change	□ A⊕∵	
STREET ADDRESS				STREET AS						
CITY-ST-ZIP	certify that the information supplied wi	hanis film	does not qualify for the	City-St- be exempt		ection	119.07/3)(i). Florida Statutes, I furthe	er certify that the	ไวโดกระสโรย	
2 2 A 1 1 1 C 1 C L V	יייים האוללים נוחתים ווויים וווי לומי למנו למיוים		graduation and address to the st	o to server the	the state of the contract of t					

r nereby certify that the information supplied with this filling 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 direction the reportation or the reperiver 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dele Daylorie Phone *

SIGNATURE: _