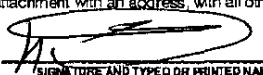


Mar. 3. 2004 3:23PM

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90015 040 ***150.00

DOCUMENT # G94545 1. Entity Name A. M. N. INC.			
Principal Place of Business 6650 HOLLYWOOD BOULEVARD PEMBROKE PINES, FL 33024-7649		Mailing Address 6650 HOLLYWOOD BOULEVARD PEMBROKE PINES, FL 33024-7649	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 140 SW 96 TERR # 207 207	
City & State		City & State PLANTATION, FL	
Zip	Country	Zip	Country
33324	US	33324	US
4. FEI Number 59-2372188		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent GRANIT, NAT 6650 HOLLYWOOD BLVD PEMBROKE PINES, FL 33024		7. Name and Address of New Registered Agent Name Nat Granit Street Address (P.O. Box Number is Not Acceptable) 140 SW 96 Terr # 207 City Plantation FL Zip Code 33324	
9. 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. (INDIC: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		10. 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	PD GRANITE, NAT 6650 HOLLYWOOD BLVD PEMBROKE PINES, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Granit nat ☒ Change ☐ Addition 140 SW 96 Terr # 207 Plantation FL 33324
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
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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:  Nat Granit		3/8/04 954-600-6072	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

94027911



03032004 Chg-P CR2E034 (10/03)