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.

94027911

Principal Place of Business	Mailing Address
6650 HOLLYWOOD BOULEVARD PEMBROKE PINES, FL 33024-7649	6650 HOLLYWOOD BOULEVARD PEMBROKE PINES, FL 33024-7649

03032004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	140 SW 96 TERR # 207
Suite, Apt #, etc.	Suite, Apt. #, etc. 207
City & State	City & State PLANTATION, FL
Zip / Country	Zip 33324 / Country US

4. FEI Number: 59-2372188 — 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
GRANIT, NAT 6650 HOLLYWOOD BLVD PEMBROKE PINES, FL 33024	Name: Nat Granit Street Address (P.O. Box Number is Not Acceptable): 140 SW 96 Terr #207 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 PD NAME GRANITE, NAT STREET ADDRESS 6650 HOLLYWOOD BLVD CITY-ST-ZIP PEMBROKE PINES, FL	☐ Delete	TITLE PD NAME Granit Nat STREET ADDRESS 140 SW 96 Terr #207 CITY-ST-ZIP Plantation FL 33324	☒ 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 — Daytime Phone #