2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Jan 20, 2004 08:00 AM Secretary of State

Principal Piece of Bustonss 307 \$ BLVD 4. FEI Number 59-2453076	ANNUAL REPORT				Secretary of State			
DO NOT WRITE IN THIS SPACE TAMPA, FL 33606 US TAMPA, FL 33606 DO NOT WRITE IN THIS SPACE TAMPA, FL 33606 TAMPA, FL	1. Entity Nam	ee				Secre	tary of State	
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LAZZARA, PHILIP R. 307 SOUTH BLVD STE D TAMPA, FL 33606 1. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptive obligations of registroed agent. SIGNATURE Signature, sood or prised name of registroed agent and live 1 accidable. PILE NOW!!! FEE IS \$150.00 10. OFFICERS AND DIRECTORS 110. OFFICERS AND DIRECTOR	C	and the second s	CE	01122004 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For S9-2453076 Not Applied For Not Applicable 5. Certific ste of Status Desired S8.75 Additional				
TILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ITILE NAME SIRECT ADDRESS CITY-ST-2P TITLE NAME SIRECT	307 SOUT STE D TAMPA, F	, PHILIP R. 'H BLVD L 33606	IN THIS SPACE					
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ITILE NAME LAZZARA, PHILIP R. SO7 S BLVD STE D TAMPA, FL 33606 TRUE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS	the obligations of registered agent. SiGNATURE							
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(3). 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 changed, or on an attachment with an address, with all other like empowered.	name Street address City-St-Zip	certify that the information supplied with the on this report is translation or the receivemental report is translationary.	is filing does not qualify for the exe ue and accurate and that my signa ered to execute this report as recri-	imption stated in Se ture shall have the tred by Chanter 60:	ection 119.07(3) same legal effe 7. Florida Statuk	(i), Florida Statutes. I further oct as if made under cath; that	ertily that the information am an officer or director in Block 11 if	