**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)** 

DOCUM 1. Entity Name J. W. HILTO		# <b>H30575</b> M., P.A.				FIL 04 NOV -		‡ 39		
Principal Place		Mailing Address			1					
5121 SW 90T			5121 SW 90TH AVENUE			. 0	SECRETAR TALLAHASS	EĚ, FĽO	RIDA	
SUITE 5 COOPER CITY FL 33328			SUITE 5 COOPER CITY FL 33328				1 7 (0.00)			
2. Principal Pla	ace of Busine	ess	3. Mailing Address			'				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			REN	MOORE E	CR2E034	4020	04
City & State			City & State			4. FEI Numbe	<sup>er</sup> 59-2472634	,	_ <del> </del>	Applicable
Zip		Country	Zip Count		trỳ	5 Certificate	of Status Desired		8.75 Addit	tional
6. Name and Address of Current F			epistered Agent		<del>,</del>	<u> </u>	Address of New R		ee Required	
	U. Italie	and Address of Ourient	Name Name			7. Hame and	Addition of Rep 11	9,010,027	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	
5121		H AVENUE	ميامين بريد	Street Address (P.O. Box Number is Not Acceptable)						
SUIT		Y FL 33328								
000	1 11 011	1 1 2 33020			City			FL	Zip Code	
	named entity	submits this statement fo	l ed office or registe	ered agent, or bo	th, in the State of Flo		I amiliar with, a	ind accept		
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 \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be										
DUE BY September 8, 2004   late fee. By checking this box, the corporation certifies it   Trust Fund Contribution.   Added to Fees   Make Check Payable to Florida Department of State   did not receive prior notice. Fee to file is \$150.00.										
10.2 3 <sup>2</sup> 0.5 A		OFFICERS AND	DIRECTORS AND THE SECOND				CHANGESTO, OFF	CERS AND	DIRECTORS	INDIgates 4
	PD				Turion Type	記憶研			Change o	Addition!
NAME HILTON, J.W. STREET ADDRESS 5121 SW 90 AVE -STE 5				NAM STRE	EET ADDRESS		A STATE OF THE STA	erregister i de tidago	Carrie Carrie Salares	6.7%在10012月1
CITY-ST-ZIP	COOPER C	ITY FL 33328	CITY		'-ST-ZIP .					
TITLE			☐ Delete	ำกับ	-				- Change	_ Addition
NAME STREET ADORESS				NAM STRE	EET ADDRESS					Ì
CITY-ST-ZIP				CITY	'-ST-ZIP					
title - Name			Delete	TITL	1				☐ Change	Addition
STREET ADDRESS					EET ADDRESS					•
CITY-ST-ZIP				-	/-ST-ZIP	<del></del> _				
TITLE NAME			☐ Delete	TITL	l l		100491	nga	Change	☐ Addition
STREET ADDRESS				STR	EET ADDRESS	11.701	000421 /0401074-	-012 *	*200.0C	)
CITY-ST-ZIP			[7]	-	(-ST-ZIP				Change	Addition
TITLE NAME			☐ Delete	T!TL NAM		20	000421 /0401035-	Q29]	Turesiange 8*550.00	
STREET ADDRESS		•			EET ADDRESS	HUV CC	\0401099-	_012 4	·*·J.U U.	'
CITY-ST-ZIP TITLE	i .		Delete	TITL	r-ST-ZIP			· ···	☐ Change	☐ Addition
NAME.				NAN		•	•		Orizings	
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS Y-ST-ZIP					
12. I hereby c	ertify that th	e information supplied with	this filing does not qualify for	the exe	emption stated in S	Section 119.07(3)	(i), Florida Statutes.	I further cer	tify that the in	formation
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:  ASIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  ON THE PROPERTY OF THE PROPER										