
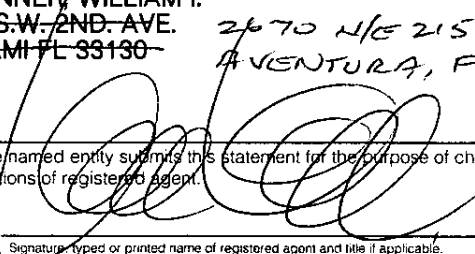
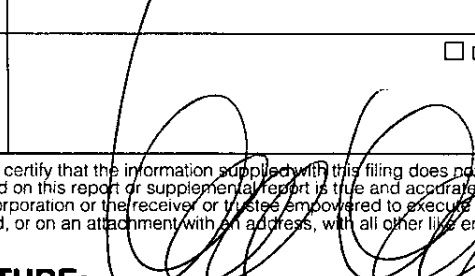


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90079 030 ***150.00

DOCUMENT # H37094 1. Entity Name DONNER MANAGEMENT CO., INC.																			
Principal Place of Business 108 S. MIAMI AVE 2ND FLOOR MIAMI FL 33130		Mailing Address 108 S. MIAMI AVE 2ND FLOOR MIAMI FL 33130																	
2. Principal Place of Business 2670 NE 215 ST. Suite, Apt. #, etc.		3. Mailing Address 2670 NE 215 ST. Suite, Apt. #, etc.																	
City & State MIAMI, FL Zip 33180		City & State MIAMI, FL Zip 33180																	
4. FEI Number 59-2478517		Applied For <input type="checkbox"/> Not Applicable																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																	
6. Name and Address of Current Registered Agent DONNER, WILLIAM I. 33 S.W. 2ND AVE. MIAMI FL 33130		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																	
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  PROS. 04/06/2004 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:80%;">PSTD <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DONNER, WILLIAM I.</td> </tr> <tr> <td>STREET ADDRESS</td> <td>33 S.W. 2ND AVE. 2670 NE 215 ST.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL AVENTURA, FL 33180</td> </tr> </table>		TITLE	PSTD <input type="checkbox"/> Delete	NAME	DONNER, WILLIAM I.	STREET ADDRESS	33 S.W. 2ND AVE. 2670 NE 215 ST.	CITY-ST-ZIP	MIAMI FL AVENTURA, FL 33180	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:80%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP	
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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)(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:  PROS. 04/06/2004 305-935-0081 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																			