


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # H42128
1. Entity Name
MICRONIZED FLUOROPOLYMER PRODUCTS, INC.



Principal Place of Business 1055 SOUTHWEST 15TH AVENUE DELRAY BEACH, FL 33444-1263	Mailing Address 1055 SOUTHWEST 15TH AVENUE DELRAY BEACH, FL 33444-1263
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DO NOT WRITE IN THIS SPACE



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2488926	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**REICHENBACHER, DIETMAR, R
1488 BREAKERS W BLVD
WEST PALM BEACH, FL 33411**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (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

U00000132087
04/27/04-80029-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD RILEY, STEPHEN D. 140 MOURNING DOVE DR SAUNDERSTOWN, RI
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD REICHENBACHER, DIETMAR 1488 BREAKERS W BLVD WEST PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD VACCARO, ELAINE 237 RARITAN ST SOUTH AMBOY, NJ
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Dietmar Reichenbacher **Dietmar Reichenbacher** 3/26/04 561 265 1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #