2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 04, 2004 8:00 am Secretary of State 02-04-2004 90083 018 ***150.00

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1. Entity Nan	ne				02 01 200 1 200 3 010 130.00				
MAID FO	OR YOU OF BOCA RATON, II	NC.							
Principal Plac	ce of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		6010010 3				
6000 AMBE	RY O'NEILL ENWOODS DRIVE ON FL 33433	C/O SHERRY O'NEILL 5050 AMBERWOODS F BOCA RATON FL 9345	SRIVE 1 9 -						
O Dringing I	Place of Business	1 2 142/22 4 22 22							
	v. Palmetto fakka	3. Mailing Address 41565. Cla	ssial Bl	5-1	i tabatan bini bindi bindi bindi bindi dikan diban bini bindi bindi bindi bindi bindi bindi bindi i ibabi				
Suite, Apt	.#, etc. よりみ 8	Suite, Apt. #, etc.		* ***	MOORE _ CR2E034 (11/03)				
City & Sta	ilaton, A	City & State Delray Beach, FC			4. FEI Number 59-2497582 Applied For Not Applicable				
35 Y		33445	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				
ļ	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent				
O'N	NEILL, SHERRY	مساريه والمساوات ويستهها بالأراء سها المسامي سيحه ويستوينا والما		Sherry O'Neill Street Address (P.O. Box Number is Not Acceptable) 4754 S. Classical Blvd.					
606	60 AMBERWOODS DRIVE CA RATON FL 33433	•	Street Ad						
	-								
			City D	City Delray Beach FL 33445					
		or the purpose of changing its	registered office or	register	red agent, or both, in the State of Florida. I am familiar with, and accept				
the obliga	ations of regist red agent.	11-11			=10 1				
SIGNATURE			-		7730704				
a Nach Charles		and title if applicable. (NOTE	Registered Agent signatur	re required	d when reinstating) DATE				
Afte	FILE NOW!!! FEE I S \$150.00 er May 1, 2004 Fee will be \$550.00 k Payable to Florida Department o	f State			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	☐ Delete	TITLE		☐ Change ☐ Addition				
NAME	O'NEILL, SHERRY		NAME						
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f			CITY-ST-ZIP						
NAME		☐ Delete	TITLE NAME		Change Addition				
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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 suppliedmental report is frue 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 60?, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment willy an address, with an object like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OF TINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Change

Addition