2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 04, 2004 08:00 AM Secretary of State DOCUMENT # H73562 Entity Name BARBARA G. BANKS, P.A. Principal Place of Business Mailing Address 2405 UNIVERSITY DR. 2405 UNIVERSITY DR. UNION PLANTER BANK CENTRE UNION PLANTER BANK CENTRE CORAL SPRINGS, FL '33065 CORAL SPRINGS, FL 33065 No Chg-P CR2E034 (10/03) 01162004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2577344 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WEINBERG, STEVEN DO NOT WRITE 7805 S.W. 6TH COURT PLANTATION, FL 33324 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. Signature, typed or printed name of registered agent and little if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PΠ TITLE BANKS, BARBARA G. NAME STREET ADDRESS 2405 UNIVERSITY DR CITY-ST-ZIP CORAL SPRINGS, FL 33065 TITLE U00000032355 02/04/04-80185-022 8.75 NAME STREET ADDRESS CITY-ST-ZIP U00000032355 02/04/04-80185-023 150.00 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP 1111.5 NAME STREET ADDRESS

12. I hereby certify that the information supplied with this flying 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 feport 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 recover or trustee employeered to execute his report as equived 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 employeers.

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

Barbara G. Banks

(954)755-7803

FILED