## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # H76728** 

## FILED Apr 22, 2004 8:00 am Secretary of State 04-22-2004 90009 037 \*\*\*150.00

1. Entity Nam DUFRY A	e MERICA SERVICES, INC.								
Principal Place	e of Business	Mailing Address					<b>F</b> .	<b>የ</b> በባለል	4.4
10300 N.W.	19TH ST.	10300 N.W. 19TH ST.					Ð,	10384	14
SUITE 114 MIAMI, FL 33	3172	SUITE 114 MIAMI, FL 33172			 				
2. Principal P	lace of Business	3. Mailing Address	226170	>					
Suite, Apt.		Suite, Apt. #, etc.			04142004	Chg-P	CR2E(	034 (10/03)	, part .
City & State	9	City & State  MIAMI F			4. FEI Number 59-2597		<del></del>		oplied For ot Applicable
Zip	Country	Zip 33/2み	Country		5. Certificate of		ed 🗌	\$8.75 Ad	ditional
,,,,,	6. Name and Address of Current R	·	<del>- T</del>		7. Name and	Address of Ne	ew Registered		<del></del>
			Name						
FLORIDA CORPORATE SUPPORT INC 200 EAST ROBINSON ST SUITE 500			Street A	Address (	P.O. Box Number	r is Not Accep	table)		
	), FL 32801								
			City				FL	Zip Coc	le
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	registered office o	r register	red agent, or both	, in the State	of Florida. I am	familiar with,	and accept
SIGNATURE_	·								
	Signature, typed or printed name of registered agent ar	d title if applicable. (NOTE	: Registered Agent signa	ture required	d when reinstating)	na Tarana	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaig Trust Fund Contra			.00 May Be led to Fees				
10.	OFFICERS AND C		11.	<del></del>	ADDITIONS/(	CHANGES TO	OFFICERS AND		
TITLE NAME	CD HENDRY, ROBERT R	☐ Delete	TITLE NAME					☐ Change	☐ Addition
STREET ADDRESS	200 E. ROBINSON ST.		STREET ADDRESS						
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP	<u> </u>					
TITLE NAME	SVP POTASH, JONATHAN	☐ Delete	TITLE NAME	<b>V</b>				Change	☐ Addition
STREET ADDRESS	10300 NW 19 STREET SUITE 11	4	STREET ADDRESS						
CITY-ST-ZIP	ORLANDO, FL 33172		CITY-ST-ZIP						
TITLE	TD . ,	☐ Delete	TITLE					☐ Change	Addition Addition
NAME STREET ADDRESS	OTAOLA, LUIS 10300 NW 19TH ST SUITE 114		NAME STREET ADDRESS	1					
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP						
TITLE	S	☐ Delete	TITLE					☐ Change	Addition
NAME	MOORE, PATRICIA W		NAME						
STREET ADDRESS CITY-ST-ZIP	10300 NW 19 STREET SUITE114   MIAMI, FL 33172		STREET ADDRESS CITY-ST-ZIP						
TITLE	PD	☐ Delete	TITLE	1 -				☐ Change	Addition
NAME	GONZALEZ, JOSE		NAME						
STREET ADDRESS CITY-ST-ZIP	10300 NW 19 STREET SUITE114   MIAMI, FL 33172	}	STREET ADDRESS CITY-ST-ZIP						
TITLE	VP	☐ Delete	IIILE	V	<del></del>		· · · · · · · · · · · · · · · · · ·	Change	Addition
NAME	GREGORYSHILL, JOSEPH	C DOIGLE	MAME	SHI	LL, 50.	SEPH !	GRECON	4	
STREET ADDRESS	10300 NW 19TH ST., STE 114		STREET ADDRESS	ļ	•			/	
CITY-ST-ZIP	MIAMI, FL 33172	11.4 (11)	CITY-ST-ZIP	1 5		V florist- Ot :		atif Ma = 4 M	information.
indicated	certify that the information supplied with on this report or supplemental report is	true and accurate and that mered to execute this report.	ure exemption sta ny signature shall se required by Ch	have the	same legal effect 7. Florida Statutes	), rivilda Siall i as if made ur s: and that my	nder oath; that I	rwy mat ine am an office in Block 10 d	r or director

of the corporation or the receiver or trustee empowered to execute this report as required changed, or on an attachment with an address, with all other like empowered.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:∠