

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90241 012 ***150.00



DOCUMENT # J55995
 1. Entity Name
SCORPIO SALES INC.

Principal Place of Business Mailing Address
PO BOX 9239 PO BOX 9239
7373 DAVIE RD EXTENSION 7373 DAVIE RD EXTENSION
HOLLYWOOD, FL 33024 HOLLYWOOD, FL 33024

94075039



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

03292004 Chg-P CR2E034 (10/03)

City & State City & State
 4. FEI Number
65-0051005

Applied For
 Not Applicable

Zip Country Zip Country
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SARAFAN, RICHARD J.
825 S BAYSHORE DR
SUITE 1748
MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name **Sarafan, Richard**
 Street Address (P.O. Box Number is Not Acceptable) **Ch Genovese Jablove + Battista**
100 SE 2nd St. Fl 36
 City **Miami** FL Zip Code **33131-2158**

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 title if applicable (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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | PS | <input type="checkbox"/> Delete |
| NAME | GOLDBERG, ROBERT | |
| STREET ADDRESS | 3208 SW 175TH AVENUE | |
| CITY-ST-ZIP | MIRAMAR, FL 33029 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | RYAN, MICHAEL F. | |
| STREET ADDRESS | 6831 SW 9TH STREET | |
| CITY-ST-ZIP | PEMBROKE PINES, FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **MICHAEL F. RYAN** 4/30/04 9:51:43 AM
 Date Daytime Phone #