2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # K18692 03-31-2004 90013 018 ***150.00 RONALD A. MUSCARELLA, C P A PA Principal Place of Business Mailing Address 44022683 4420 N. UNIVERSITY DRIVE 4420 N. UNIVERSITY DRIVE LAUDERHILL, FL 33351 LAUDERHILL, FL 33351 2. Principal Place of Business 3. Mailing Address 7000 W. ONKlAND PK. Blad 7000 W. OAKLAND PK Blod Suite, Apt. #, etc. Suite, Apt. #, etc. 02112004 Cha-P CR2E034 (10/03) 303 303 City & State City & State Applied For 4. FEI Number FL. SUNRISE SUNRISE 65-0036631 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 333/3 333/3 کات Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MUSCARELLA, RONALD Street Address (P.O. Box Number is Not Acceptable) 4420 N. UNIVERSITY DRIVE LAUDERHILL, FL 35351 7000 W. OAKLAND Pt Blud. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition TITLE ☐ Defete TITLE RONAld H. Muscarella MUSCARELLA, RONALD A. NAME NAME 7000 W. OAKLAND PK BLUD Ste 303 STREET ADDRESS 4420 N. UNIVERSITY DR STREET ADDRESS SUNNISE, FL. 33313 CITY-ST-ZIP LAUDERHILL, FL 35351 CITY-ST-7IP ☐ Change TITLE ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Chance ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 31, 2004 8:00 am

Daytime Phone #