

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90425 004 ***150.00

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|---|--|--|--|---|--|
| DOCUMENT # K24713 1. Entity Name MANAGEMENT R&D, INC. | | | | | |
| Principal Place of Business PO BOX 2345 HOLLYWOOD, FL 33022-2345 US | | | Mailing Address PO BOX 2345 HOLLYWOOD, FL 33022-2345 US | | |
| 2. Principal Place of Business 1655 N. FEDERAL HWY, #8 Suite, Apt. #, etc. | | 3. Mailing Address 1655 N. FEDERAL HWY, #8 Suite, Apt. #, etc. | | | |
| City & State HOLLYWOOD, FL Zip 33020 | | City & State HOLLYWOOD, FL Zip 33020 | | 4. FEI Number 65-0052380 | |
| Country USA | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent POMERANZ, FRANKLIN G. 415 SE 11TH TERRACE #305 DANIA, FL 33004 | | | 7. Name and Address of New Registered Agent Name POMERANZ, FRANKLIN G. Street Address (P.O. Box Number is Not Acceptable) 1655 N FEDERAL HWY, #8 City HOLLYWOOD FL Zip Code 33020 | | |
| 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: FRANKLIN G. POMERANZ <i>FGPomeranz</i> 4/22/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST POMERANZ, FRANKLIN G. 415 SE 11TH TERRACE #305 DANIA, FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V GUILLÉN, IDELMA 415 SE 11TH TERRACE #305 DANIA, FL | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST POMERANZ, FRANKLIN G. 1655 N FEDERAL HWY, #8 HOLLYWOOD, FL 33020 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST POMERANZ, FRANKLIN G. 1655 N FEDERAL HWY, #8 HOLLYWOOD, FL 33020 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST POMERANZ, FRANKLIN G. 1655 N FEDERAL HWY, #8 HOLLYWOOD, FL 33020 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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: FRANKLIN G. POMERANZ <i>FGPomeranz</i> 954.922.5751 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

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