2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 01, 2004 08:00 AN Secretary of State

ANNUAL REPORT					Mar UL, 2004 08:00 A			
DOCUMENT # K30534 1. Entity Name					Sec	retary o	of State	
SNYDER	EXECUTIVE SEARCH INC.							
· ·	e of Business HAMPTON DR. L 33025 US	Mailing Address POST OFFICE BOX 848381 PEMBROKE PINES, FL 33084	US					
DO NOT WRITE IN THIS SPA				02272004 No Chg-P CF2E034 (10/03) 4. FEI Number				
5. Name and Address of Current Registered Agent SNYDER, PHYLLIS 8840 SOUTHAMPTON DR. MIRAMAR, FL 33025				-	NOT W			
8. The above the obligat SIGNATURE_	named entity submits this statement for the tions of registered agent. Signature, yound or printed name of registered agent and the control of the control		· · · · · · · · · · · · · · · · · · ·	gistered agent, or bo	th, in the State of Fig	orida. I am familia: DATE	with, and accept	
FILE NOWIII FEE IS \$150.00 9. Election Campain After May 1, 2004 Fee will be \$550.00 Trust Fund Contr			icing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIF	ECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS SNYDER, PHYLLIS 8840 SOUTHAMPTON DR MIRAMAR, FL				uọong	0072123 80097-02	عدرس مسمور د	
TITLE NAME STREET ADDRESS CITY -ST- ZIP				_	U3/U1/U4	 80037-02	4 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W			
NAME STREET ADDRESS								

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 eath; 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:

CITY-ST-ZIP

NAME STREET ADDRESS CITY- ST-ZIP

ATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/27/04 954-436-2803