## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 06, 2004 08:00 AM

1. Entity Nam HOWGLO	), INC.				Secretary of State
1111 BRICKI STE 2920 MIAMI, FL 3		Mailing Address 1111 BRICKELL AVE STE 2920 MIAMI, FL 33131 US			
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent				02192004 4. FEI Numb 65-008	No Chg-P CR2E034 (10/03) er Applied For
KATCHER, GERALD 1111 BRICKELL AVE STE 2920 MIAMI, FL 33131			DO NOT WRITE IN THIS SPACE		
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. Speed or provided 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 \$5.00 May Be Trust Fund Contribution. Added to Fees					
10.  HITLE NAME STREET ADDRESS GITY-ST-ZIP HITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIE PD KATCHER, GERALD II 11 BRICKELL AVE MIAMI, FL 33131 VPD SCHARLIN, GLORIA G 1111 BRICKELL AVE MIAMI, FL 33131	RECTORS			Unn000078801 03/08/04-80041-006 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SD SCHARLIN, PEGGY A 1111 BRICKELL AVE MIAMI, FL 33131				NOT WRITE THIS SPACE
STREET ADDRESS CITY-ST-ZIP WILE NAME STREET ADDRESS CITY-ST-ZIP					
NAME SIREET ADDRESS CITY-ST ZIP		office deposit male 4. As	omation state d in Co	otion 110 07/01	Vi) Florida Statulae   further partile that the information
12. I hereby certify that the information supplied with this filling 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 of 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					