


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90133 046 ***158.75

DOCUMENT # K47949 1. Entity Name 1280 BUILDING CORP.	
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Principal Place of Business 1 NORTH UNIVERSITY DR. BUILDING A 4TH FLOOR PLANTATION, FL 33324	Mailing Address 1 NORTH UNIVERSITY DR. BUILDING A 4TH FLOOR PLANTATION, FL 33324
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14020999



DO NOT WRITE IN THIS SPACE

04202004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0104323	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301

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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 _____ (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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CAPORELLA, NICK A 1 NORTH UNIVERSITY DR. PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CAPORELLA, VINCE 1 NORTH UNIVERSITY DR. PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GRANT, ED 1 NORTH UNIVERSITY DR. PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CRAWFORD, LINDA 1 NORTH UNIVERSITY DR. PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS BODEN, DAVID J 1 NORTH UNIVERSITY DR. PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: *Edward Grant*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYTIME PHONE # _____