

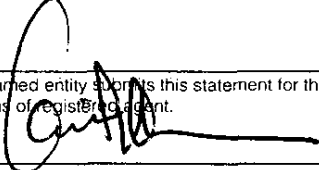
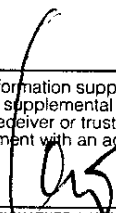


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90300 022 ***150.00

DOCUMENT # K56150 1. Entity Name LOUIS DAVID HUSS, P.A.																							
Principal Place of Business 9703 S DIXIE HWY # 3J MIAMI FL 33156 US			Mailing Address 9703 S DIXIE HWY # 3J MIAMI FL 33156 US																				
2. Principal Place of Business 9130 S DADLAND BD Suite, Apt. #, etc. 1218 City & State MIAMI FL Zip 33156 Country USA		3. Mailing Address 9130 S DADLAND BD Suite, Apt. #, etc. 1218 City & State MIAMI FL Zip 33156 Country USA		 MOORE CR2E034 (11/03)																			
4. FEI Number 65-0092068				Applied For <input type="checkbox"/> Not Applicable																			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent HUSS, LOUIS DAVID 9703 S DIXIE HWY # 3J MIAMI FL 33156																			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9130 S DADLAND BD 1218 City MIAMI State FL Zip Code 33156				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  DATE 4/15/04																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE P</td> <td style="width: 70%;">NAME HUSS, LOUIS DAVID</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS 9703 S DIXIE HWY</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP MIAMI FL 33156</td> <td colspan="2"></td> </tr> </table>			TITLE P	NAME HUSS, LOUIS DAVID	<input type="checkbox"/> Delete	STREET ADDRESS 9703 S DIXIE HWY			CITY-ST-ZIP MIAMI FL 33156			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">9130 S DADLAND BD 1218</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">MIAMI FL 33156</td> </tr> </table>			TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	9130 S DADLAND BD 1218		CITY-ST-ZIP	MIAMI FL 33156	
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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:  <div style="float: right; text-align: right;"> 4/15/04 305 668 4877 </div>																							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																							