## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 26, 2004 08:00 AM Secretary of State

DOCUMENT # K60168  1. Entity Name ANDREW L. RICHARD, JR., P.A.							Secretary of State				
Principal Place of Business 7700 NORTH KENDALL DRIVE 701 DADELAND SQUARE MIAMI, FL 33156 US				lailing Address 10321 SW 140TH STRI MAMI, FL 33176 L			NINS NUCLEU HOSON VIINA SUC			<b>    </b>	
2. Principal Place of Business			3.	3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.		03292004	Chg-P	CR2E034	. ,		
City & State				City & State		4. FEI Numbe 65-0096			No	plied For t Applicable	
Zip 	Country			Zip Coun		itry	5. Certificate of Status Desired   \$8.75 Additional Fee Required				
	5. Name	and Address	of Current Regis	stered Agent		7. Name and Address of New Registered Agent Name					
RICHARD, ANDREW L. JR. 10321 SW 140TH STREET MIAMI, FL 33176					-	Street Address (P.O. Box Number is Not Acceptable)					
					City FL Zip Code						
8. The above	named entit	y submits this s	tatement for the	purpose of changing its	ed office or registe	red agent, or bot	h, in the State of Flo		lliar with,	and accept	
the obligations of registered agent.  SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE										<u>.                                    </u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.							.00 May Be ded to Fees	U00001 04/26/64	0129156 -80066-0	13 15	0.00
10.	,	OFFIC	CERS AND DIRE		11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DI	RECTOR	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	;	), ANDREW L V 140TH STRI 33176		☐ Delete		į.				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		!				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	0.7.0	_	,,			Change	Addition
TITLE NAME STREET ADDRESS GITY-ST-ZIP				□ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				<u> </u>		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1				] Change	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 507, 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.											