

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90639 018 ***158.75

DOCUMENT # K65770
 1. Entity Name
FLORESMEYER, INC.



Principal Place of Business
 2741 SW 160 AVE
 201
 HOLLYWOOD, FL 33027 US

Mailing Address
 PO BOX 821640
 HOLLYWOOD, FL 33028 US



2. Principal Place of Business
5014 SW 186 WAY
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04062004 Chg-P CR2E034 (10/03)

City & State
MIRAMAR

City & State

4. FEI Number
65-0147794

Applied For
 Not Applicable

Zip
33029 Country
USA

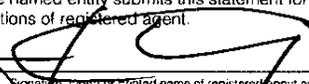
Zip
33082 Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
FLORESMEYER, VICTOR
3741 SW 160 AVE #2D
HOLLYWOOD, FL 33027

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number Not Acceptable)
5014 SW 186
 City **MIRAMAR** FL Zip Code **33029**

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  **VICTOR FLORESMEYER** 4/6/2004 9544993976
(NOTE: Registered Agent signature required when reinstating) DATE

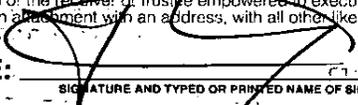
FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
 Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete FLORESMEYER, VICTOR 3741 SW 160 AVE #201 HOLLYWOOD, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FLORESMEYER, VICTOR 5014 SW 186 WAY MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:  **VICTOR FLORESMEYER** 4/6/2004 9544993976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #