## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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1. Entity Nam	MENT # K79556			Mar 29, 2004 08:00 AM Secretary of State		
		. *				
Principal Plac	e of Business M	ailing Address				•
2464 BAY IS Weston, Fl	ILE CT 2	2464 BAY ISLE CT VESTON, FL 33327. US				
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				}	1   4 2	
			•	01152004 No Chg	-P CR2E034	(10/03)
			İ	4. FEI Number 65-0113139		Applied For Not Applicable
			٠.	5. Certificate of Status De		3.75 Additional e Required
6. Name and Address of Current Registered Agent						
2464 BAY	, ARTHUR C. ISLE CT FL 33327			,		
ı						,
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, typed or printed hame of registered agent and title	f applicable. ' (NOTE: Registered	d Agent signature required	when reinstating)	DATE	
——————————————————————————————————————	- NAME - FEE TO \$450.00	9. Election Campaign Finan	cing \$5	.00 May Be	<u> </u>	
After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Trust Fund Contribution.	Add	ed to Fees UDC	1000099087 1 <mark>04-80069-01</mark>	1 150 00
10.	OFFICERS AND DIREC	CTORS				
NAME STREET ADDRESS CITY-ST-ZIP	DP PURISCH, ARTHUR C. 2464 BAY ISLE CT WESTON, FL 33327					
TITLE						
NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME						
STREET ADDRESS CITY-ST-ZIP						
TITLE					•	
NAME STREET ADDRESS CITY-ST-ZIP						
TITLE	*	*				
STREET ADDRESS CITY-ST-ZIP		٠.	· .			
TITLE NAME			1			
STREET ADDRESS					•	· ·
12. I hereby indicated	certify that the information supplied with this id on this report or supplemental report is true apporation or the receiver or trustee empowered, or on an attachment with an address, with a		mption stated in Se ture shall have the red by Chapter 60	ection 119.07(3)(i), Florida St same legal effect as if made 7, Florida Statutes; and that r	atutes. I further certify under oath; that I am ny name appears in I	/ that the information an officer or director Block 10 or Block 11 if

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED**