2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K99408

FILED Mar 24, 2004 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place	of Business:
95 MERRI BUITE 380 MIAMI, FL)			
Current Mailing Address:		ss:	New Mailing Address:	
95 MERRI BUITE 380 MIAMI, FL)			
El Number	: 65-0130318	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	d Address of (Current Registered Agent	: Name and Address of	of New Registered Agent:
,	HOMAS D. JR			
SUITE 380)			
) 33134	submits this statement for t	he purpose of changing its registere	ed office or registered agent, or both,
SUITE 380 /IIAMI, FL The above) 33134 named entity e of Florida. RE:			ed office or registered agent, or both,
SUITE 380 /IIAMI, FL The above in the State) 33134 named entity e of Florida. RE:	submits this statement for t nic Signature of Registered		ed office or registered agent, or both, Date
SUITE 38(IIAMI, FL The above In the Stati) 33134 e named entity e of Florida. RE: Electro			
SUITE 38(AIAMI, FL The above In the Stat SIGNATU) 33134 e named entity e of Florida. RE: Electro	nic Signature of Registered	Agent	
SUITE 38(AIAMI, FL The above In the Stat SIGNATU	33134 e named entity e of Florida. RE: Electro mpaign Financin S AND DIREC DP (FAY, MICHAEL	nic Signature of Registered og Trust Fund Contribution (). CTORS:) Delete - T., WAY, SUITE 380	Agent	Date
SUITE 380 MIAMI, FL The above the State SIGNATU Clection Car DFFICER title: lame: ddress:	33134 e named entity e of Florida. RE: Electro mpaign Financin S AND DIREC DP (FAY, MICHAEL 95 MERRICK V CORAL GABLE D (WOOD, THOM	nic Signature of Registered og Trust Fund Contribution (). CTORS:) Delete _ T., WAY, SUITE 380 ES, FL 33134) Delete IAS D., WAY, SUITE 380	Agent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL T. FAY DP 03/24/2004