2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 19, 2004 8:00 am Secretary of State DOCUMENT # L06628 1. Entity Name 04-19-2004 90249 044 ***150.00 ROBERT G. KLEIN, CPA, P.A. Principal Place of Business Mailing Address 11325 OHANU CIRCLE 11325 OHANU CIRCLE 54035607 BOYNTON BEACH FL 33437-7033 BOYNTON BEACH FL 33437-7033 2. Principal Place of Business 3. Mailing Address 233 S. FEDERAL HIGHWAY 233 S. FEDERAL HIGHWAY Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE **SUITE #409 SUITE #409** City & State BOCA RATON, FL 4. FEI Number Applied For City & State BOCA RATON, FL 65-0136431 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33432-4941 33432-4941 AZII USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBERT G. KLEIN, ROBERT G KLEIN Street Address (P.O. Box Number is Not Acceptable) 233 S. FEDERAL HIGHWAY 11325 OHANU CIRCLE BOYNTON BEACH FL 33437-7033 SUITE #409 City BOCA RATON 33432-4941 8. The above named entity submits this statement to 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 registere SIGNATURE (NOTE: Registered Agent signature required when reinstating) ed agent and title if applicable FILE NOW!!! FEBLIS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE Change Addition KLEIN, ROBERT G ROBERT G. KLEIN NAME NAME STREET ADDRESS 11325 OHANU CIRCLE STREET ADDRESS 233 S. FEDERAL HIGHWAY, **SUITE #409** BOYNTON BEACH FL 33737-7033 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33432-4941 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ■ Addition NAME-NAME - - -STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. 04/15/04 561-620-1800

FILED

Date

Daytime Phone #