## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L18370

City-St-Zip:

HOLLYWOOD, FL 33021

FILED Apr 30, 2004 Secretary of State

DOGOWIENT# E10070				Secretary or State		
Entity Name: REEL WIFE CORPORATION						
,						
Current Principal Place of Business:				icipal Place	of Business:	
6073 N W	167TH STRE	FT				
SUITE C-5	5	'				
MIAMI, FL	33015 US					
Current Mailing Address:				New Mailing Address:		
6072 NI W	167 STDEET	#C 5				
6073 N.W. 167 STREET #C-5 MIAMI, FL 330154314 US						
,		-				
FEI Number	: 65-0150356	FEI Number Applied For ( )	FEI Number Not Ap	plicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
LEGAL INFORMATION SERVICES INC.				LEGAL INFORMATION SERVICES INC.		
1290 WESTON ROAD				2500 WESTON ROAD		
SUITE 300				SUITE 404		
WESTON, FL 33326 US				WESTON, FL 33331 US		
The above	named entity	submits this statement for the	nurnose of changing	ı ite radietara	ed office or registered agent, or both,	
	e of Florida.	Submits this statement for the	purpose or changing	rita registere	de office of registered agent, or both,	
OLONIATURE - DOV ORDENIUEM					0.4/0.0/0.00.4	
SIGNATURE: ROY OPPENHEIM				04/30/2004		
	Electro	nic Signature of Registered Ag	ent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title:	Р (	) Delata	Title:		( ) Change ( ) Addition	
Name:	MOSS, DAVID	) Delete M	Name:		( ) Change ( ) Addition	
Address:		DR. SUNSET ISLAND #2	Address:			
City-St-Zip:	MIAMI BEACH,		City-St-Zip:			
T'11	OT (	\ B.1.4	T.11		( ) 01 ( ) 4 1 111	
Title:	•	) Delete	Title:		( ) Change ( ) Addition	
Name: Address:	MOSS, SYLVIA	DR. SUNSET ISLAND #2	Name: Address:			
City-St-Zip:	MIAMI BEACH,		City-St-Zip:			
5.1, Ot 2.p.			51.3 St 21p.			
Title:	VP (	) Delete	Title:	VP	(X) Change ( ) Addition	
Name:	•		Name:	Name: WAYNE, BRIAN D		
Address:	4700 PIERCE	ST.	Address:	8101 SW/6	2ND COLIRT	

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.

City-St-Zip: MIAMI, FL 33143

SIGNATURE: DAVID M. MOSS VP 04/30/2004