


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L42379  
 1. Entity Name  
 SIMBA OF MIAMI, INC.



Principal Place of Business      Mailing Address  
 %JAMES A. FULGINITI      %JAMES A. FULGINITI  
 2393 W. 76TH ST.      2393 W. 76TH ST.  
 HIALEAH, FL 33016      HIALEAH, FL 33016

**DO NOT WRITE IN THIS SPACE**



04022004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 65-0169837      Not Applicable

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

6. Name and Address of Current Registered Agent  
 FULGINITI, JAMES A.  
 2393 W. 76TH ST.  
 HIALEAH, FL 33016

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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: *James Fulginiti*      DATE: 4-12-04  
Signature typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**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

00000012072  
 04/14/04-80008-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHECHTER, JAY D.
STREET ADDRESS	2201 STAHAM BLVD.
CITY-ST-ZIP	OXNARD, CA
TITLE	VD
NAME	STOUT, JOHN E.
STREET ADDRESS	142 TIMBER RD.
CITY-ST-ZIP	NEWBURY PAK, CA
TITLE	VD
NAME	SEELER, STUART A.
STREET ADDRESS	1513 JOSHUA PL.
CITY-ST-ZIP	CAMARILLO, CA
TITLE	STD
NAME	FULGINITI, JAMES A.
STREET ADDRESS	5341 HAWKES BLUTT AVE.
CITY-ST-ZIP	DAIVE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *James Fulginiti*      DATE: 4-12-04      DAYTIME PHONE #: 3058282096  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #