


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90008 040 \*\*\*150.00

<b>DOCUMENT # L88827</b> 1. Entity Name <b>TAIT &amp; COMPANY, P.A.</b>					
Principal Place of Business <del>6073 NORTHWEST 167TH ST.</del> <del>SUITE C-19</del> <del>MIAMI, FL 33045</del>			Mailing Address <del>6073 NORTHWEST 167TH ST.</del> <del>SUITE C-19</del> <del>MIAMI, FL 33045</del>		
2. Principal Place of Business <b>12041 ASHFORD LANE</b>		3. Mailing Address <b>12041 ASHFORD LANE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>DAVIE, FL.</b>		City & State <b>DAVIE, FL</b>		4. FEI Number <b>65-0210954</b>	
Zip <b>33325</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TAIT, GREGORY R.</b> <del>6073 NW 167TH STREET</del> <del>SUITE C-19</del> <del>MIAMI, FL 33045</del>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>12041 ASHFORD LANE</b> City <b>DAVIE</b> <b>FL</b> Zip Code <b>33325</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT TAIT, GREGORY R. <del>6073 NW 167TH ST.</del> <del>MIAMI, FL</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12041 ASHFORD LANE</b> <b>DAVIE, FL 33325</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>DVP</del> <del>TURNER, RONALD W.</del> <del>6073 NW 167TH STREET</del> <del>MIAMI, FL</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

**54032161**



02162004 Chg-P CR2E034 (10/03)

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/15/04 (954) 474-6945**