## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)				FILED
1. Entity Nar	MENT # <b>M28092</b> OHNSON, INC.			Mar 10, 2004 08:00 AM Secretary of State
	0.11.00.14, 11.10.			
Principal Place of Business Mailing Address		-		
701 WEST 25TH STREET HIALEAH FL 33010		701 WEST 25TH STRI HIALEAH FL 33010	EET	
TRACEACT	2 33010	MALLANT E 33010		. I PRIMARY THE CORP. (BUT MANY MAY IN THE MEN') AND STREET WHEN SHAPE WHEN THE CORP.
2. Principal I	Place of Business	3. Mailing Address		
Cuito Ana # aa		Cute And H ate		
Suite, Apt. #, etc.		Suite, Apt #, etc.		MOORE CR2E034 (11/03)
City & State		City & State		4. FEI Number 59-2672218 Applied For Not Applicable
Zip	Country	Zip	Country	5 Codificate of Status Society 58.75 Additional
	Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent
		e nogratis eu Agern	Name	C. Came and Address of their frequencial Agent
JOHNSON, LAWRENCE 701 WEST 25TH STREET		Street Addre	ess (P.O. Box Number is Not Acceptable)	
	LEAH FL 33010			
			City	Zip Code
The above named entity submits this statement for the purpose of changing its registered office or register			F =   '	
the obliga	tions of registered agent.		•	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstitting)  DATE				
F	ILE NOW!!! FEE IS \$150.00		and the second s	
After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
18.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
' TITLE NAME	JOHNSON, LAWRENCE	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS City-St-Zip	5500 COLLINS AVENUE-#2003 MIAMI BEACH FL 33140		STREET ADDRESS	U00000083136 03/10/04-80026-011 15 <b>8.</b> 75
TITLE	SD SD	□ Delete	CITY+SI-ZIP	☐ Change ☐ Addition
NAME	JOHNSON, KEITH	E Delcie	NAME	Z Grange - Accinos
STREET ADDRESS CITY-ST-ZIP	2670 PALMER PLACE FT. LAUDERDALE FL		STREET ADDRESS CITY+ST-ZIP	
TITLE		☐ Defete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME Street address	
CITY+ST-ZIP			CSTY-ST-ZIP	
title Name		☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP		· · ·	CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP		□ Delete	CITY-ST-ZIP	☐ Change ☐ Addition
NAME		<u> </u>	NAME	
STREET ADDRESS GITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
	t certify that the information supplied wit	h this filing does not qualify fo		Section 119.07(3)(i), Florida Statutes. I further certify that the information
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 suppliemental report is triple 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 embowered 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.				
changed, or on an attachment with an address, with all other like empowered.				

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

305-888-2300

Daysme Phone \*

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