2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## DOCUMENT # M43336 **Secretary of State** 1. Entity Name WARREN TECHNOLOGY, INC. Principal Place of Business Mailing Address 2050 WEST 73RD ST. HIALEAH FL 33016-1816 2050 WEST 73RD ST. HIALEAH FL 33016-1816 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 62-0564863 Not Applicat Zερ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KELLEY, WINFIELD L. Street Address (P.O. Box Number is Not Acceptable) 1581 BRICKELL AVE. **MIAMI FL 33129** City Zip Code 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 accurate the obligations of registered agent. SIGNATURE. Synnature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May B 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change ☐ Adm TITLE ☐ Delete U00000014479 NAME KELLEY, WINFIELD L. NAME STREET ADDRESS 01/27/04-80025-014 150.00 1581 BRICKELL AVE. STREET ADDRESS CITY ST-ZIP MIAMI FL CSTY-ST-782 STV ☐ Delete TITLE ☐ Change ☐ Add TITLE PARNELL, PATRICIA L. NAME NAME 1101 HOLLYWOOD BLVD STREET ADDRESS STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP CITY-ST-ZIP □ Aa TITLE Delete THLE Change MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP L AA TITLE Delete TITLE Change NAME MALSE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TSTI F ☐ Change TITLE ☐ Delete Ais: NAME NASAF STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Chance ☐ AAC TITLE NAME NAME STREET ADDRESS STREET ADDRESS C37Y - ST - 73P CHTY-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 path; that I am an officer or direction 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

**FILED** 

Jan 27, 2004 08:00 AM

1/22/2004 305-556-693