2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # M43997 1. Entity Name MAY CORPORATION			(A)		Jan 27, 2004 08:00 AM Secretary of State			
Principal Place of Business 3830 N.W. 25 WAY BOCA RATON FL 33434		Mailing Address 3830 N.W. 25 WAY BOCA RATON FL 334	134			(EN BIBN BIBN SYBY)	1811 k asteri († 1881	
2. Principal F	Place of Business	3. Mailing Address	<u> </u>					
Suite, Apt. #, etc		Suite, Apt #, etc			MOORE CR	2E034 (11/0	3)	
City & State		City & State			4. FEI Number 59-2758452		Applied For	
Zip	Country	Zip	Country	r		Fee Re	Additional quired	
	6. Name and Address of Currer	nt Registered Agent		Name	7. Name and Address of New Regis	tered Agent		
530 SUI FT I	RCHAY, ALAN CPA 10 NW 33RD AVE TE 117 LAUDERDALE FL 33309			Street Address (I	P.O. Box Number is Not Acceptable)	1 1	Code	
	tions of registered agent.			office or register	ed agent, or both, in the State of Florida	I am familiar	with, and acc	ept
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2004 Fee will be \$550.00 k Payable to Florida Department				9. Election Campalgn Financ Trust Fund Contribution.		55.00 May E Added to Fees	Be }
10.		D DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICER			dikina
NAME STREET ADDRESS CITY - ST - ZIP	D DINARDO, ANTHONY D. 3830 NW 25 WAY BOCA RATON FL	Delete	Title Name Street / City-Si	ADDRESS 1 - ZIP	U000000144 01/27/04-8002	□ ch 34 1 <u>-020</u> 15	-	HÜÜR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DINARDO, JULIETTE 3830 NW 25 WAY BOCA RATON FL	☐ Delete	TITLE NAME STREET (GITY-ST	ADDRESS r-Zip		□ Cha	ange 🔲 Add	ditior
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET	ADDRESS 1-ZIP		Chi	ange 🗀 Add	noitit
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET	ADDRESS r-zip		☐ Ch	ange Add	dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET	ADDRESS 1-ZIP	-	Ch.	ange 🔲 Add	dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-ST	ADORESS 1-21P		☐ Ch	ange □ Add	dition
I of the co	certify that the information supplied wild on this report or supplemental report poration or the receiver or trustee em to on an attachment with an address	ipowerea to execute this repor	rt as required	ption stated in Se re shall have the d by Chapter 607	ection 119.07(3)(i), Florida Statutes, I furt same legal effect as if made under oath 7, Florida Statutes, and that my name ap	ther certify that that I am an o pears in Block	the information officer or direct 10 or Block 1	on itor i 1 if

nardo

SIGNING OFFICER OF DIRECTOR

FILED