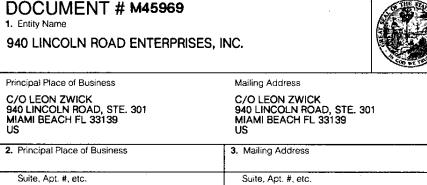
## **2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**



## **FILED** Mar 15, 2004 8:00 am **Secretary of State**

03-15-2004 90092 036 \*\*\*158.75

**4408017** 



MOORE

CR2E034 (11/03)

Zip	Country	Zip	Country	5. Certificate of Status Desired	8.75 Additional
Zip	Country	Zip	Country	5. Certificate of Status Desired	8.75 Additional
				59-2806294	Not Applicable
City & State		City & State		4. FEI Number 59-2806294	Applied For

ZWICK, LEON 940 LINCOLN ROAD SUITE 209 MIAMI BEACH FL 33139

Name Zwizk	; Jeon	-	-	
Street Address (P.O. Box N	lumber is Not Acceptable)			

E 301

	above named entity submits this statement for the purpose of char obligations of registered agent.	nging its registered office or registered agent, or bo	oth, in the State of Florida.	I am familiar with, and accept
SIGNA				
	Signature, typed or printed name of registered agent and title if applicable,	(NOTE: Registered Agent signature required when reinstating)	n	ATF

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		1.5						17.50		a - Carried	rida	142.00	2.6		erie e	123	11.00	910 210

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Delete ZWICK, LEON 111 E 1ST CT HIBISCUS IS MIAMI BEACH FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	∵ ☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete 、	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 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, witmall other like empowered. ZWICK Leon

SIGNATURE:

lon SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #