2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 20, 2004 08:00 AM Secretary of State

### SATIANTA HOUNTS SATIANTA H	1. Entity Nar 6024 NO Principal Plan	me PRTH OCI	# M55170 EAN DRIVE, INC.		ailing Address				. •	Secre	tary o	n Stat
Sulles, Apt. #. etc. Sulles, Apt. #. etc. Sulles, Apt. #. etc. Sulles, Apt. #. etc. City & State Country City & State Cit												
City & State Ci	2. Principal Place of Business				3. Mailing Address							
Zip Country Zip Country Sip S3-2820086 Not Applicable Zip Zip Country Sip Country Sip Signature Desired \$5.75 Applicable \$5.75 Applicable \$5.75 Applicable \$5.75 Applicable \$6.18				Suite, Apt. #, etc.			01302004	Chg-P	CR2	E034 (10/03)	_	
S. Certificate of Status Desired \$0.1 Annual control of the Proglated \$0.1 Annual control of	City & State			(City & State						}	· <u>· · · · · · · · · · · · · · · · · · </u>
BLACKBURN, ACE J JR COORY MATTSON LANCE BLACKBURN RICHARDS 2312 WILTON DR FORT LAUDERDALE, FL 33305 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floride. I am familiar with, and accept the colligations of registered agent. SIGNATURE 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floride. I am familiar with, and accept the colligations of registered agent. SIGNATURE 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floride. I am familiar with, and accept the colligations of registered agent. SIGNATURE 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floride. I am familiar with, and accept the colligations of registered agent. SIGNATURE 6. The above named entity submits this statement for the purpose of changing its registered agent. 6. City FLE NOWILI FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 6. DOTT Flaghtened Agent segretar registered agent, or both, in the State of Floride. I am familiar with, and accept the Agent segretar registered agent. 6. DOTT Flaghtened Agent segretar registered agent, or both, in the State of Floride. I am familiar with, and accept the Agent segretar registered agent. 6. DOTT Flaghtened Agent segretar registered agent, or both, in the State of Floride. I am familiar with, and accept the Agent segretar registered agent. 6. DOTT Flaghtened Agent segre	Zip	Country		7	Zip Cou		itry					
BLACKBURN, ACE J JR COONEY MATTSON LANCE BLACKBURN RICHARDS 2312 WILTON DR FORT LAUDERDALE, FL 33305 City FL Zip Code a. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the childgation of registered agent, or both, in the State of Florids. I am familiar with, and accept the childgation of registered agent, or both, in the State of Florids. I am familiar with, and accept the childgation of registered agent, or both, in the State of Florids. I am familiar with, and accept the childgation of registered agent, or both, in the State of Florids. I am familiar with, and accept the childgation of registered agent, or both, in the State of Florids. I am familiar with, and accept the childgation of registered agent, or both, in the State of Florids. I am familiar with, and accept the childgation of registered agent, or both, in the State of Florids. I am familiar with, and accept the childgation of registered agent, or both, in the State of Florids. I am familiar with, and accept the childgation of registered agent, or both, in the State of Florids. I am familiar with, and accept the childgation of registered agent, or both, in the State of Florids. I am familiar with, and accept the childgation of registered agent, or both, in the State of Florids. I am familiar with, and accept the childgation of registered agent, or both, in the State of Florids. I am familiar with, and accept the childgation of registered agent. FILE NOWILI FEE IS \$150.00 OFFICERS AND DIRECTORS IN 11 TILL DECONOMOU, C. DANIA BEACH, FL 33004 TILL DANIA BEACH, FL		8. Name	and Address of Current	Regist	tered Agent	Name	7. Name an	d Address of No	w Registered	i Agent		
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the April and April an	COONEY MATTSON LANCE BLACKBURN RICHARDS 2312 WILTON DR.							P.O. Box Numb	per is Not Accep	table)		
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 Florids. Tam familiar with, and accept the obligations of registered agent. Signature	PORTLA	UDERDAL	E, FL 33305				City				Zip Cod	le
SIGNATURE Symbol	8. The above	named entit	y submits this statement for	r the p	urpose of changing its	register	Led office or register	red agent, or bo	oth, in the State of		— i	and accept
After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD	_								· · · · · · · · · · · · · · · · · · ·	. 1.		
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DD		Signature, typed	or printed name of registered agent a	and title if	spplicable. (NOTE	Registere	d Agent signature required	when reinstating)	1	DATE	<u>.</u>	
TITLE NAME BLACKBURN, JR., A. BLACKBURN, JR., A. BLACKBURN, JR., A. BLACKBURN, JR., A. STREET ADDRESS CITY-ST-ZIP DANIA BEACH BLVD. DANIA BEACH, FL 33004 CITY-ST-ZIP CI	TILL HOTEL PEROLOG											
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RME ECONOMOU, C. STREET ADDRESS 645 E. DANIA BEACH BLVD. DANIA BEACH, FL 33004 DOBBLE TITLE NAME WAGNER, J. STREET ADDRESS CITY-ST-ZIP DANIA BEACH, FL 33004 DEBLE TITLE NAME MORFIDIS, G. STREET ADDRESS CITY-ST-ZIP DANIA BEACH, FL 33004 DEBLE TITLE NAME MORFIDIS, G. STREET ADDRESS CITY-ST-ZIP DANIA BEACH, FL 33004 DEBLE TITLE NAME MORFIDIS, G. STREET ADDRESS CITY-ST-ZIP DANIA BEACH, FL 33004 DEBLE TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRES	NAME STREET ADDRESS	BLACKBU 645 E. DA	NIA BEACH BLVD.	☐ Delete	NAM STRE	ET ADDRESS		02/20/	0000587 04-8005	07	_	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-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)(1), Florida Statutes. I further certify that the Information indicated on this report or superty herital 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 precedent provided 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. SIGNATURE NAME	NAME STREET ADDRESS	MORFIDIS 645 E. DA	NIA BEACH BLVD.		□ Delete	NAME STREE	ET ADBRESS				Change	Addition
NAME STREET ADDRESS CITY-ST-72P 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the Information indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the Information indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the Information indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the Information indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the Information indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the Information indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the Information indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the Information indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the Information indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the Information indicated on this report or supplied with the Information indicated on this report or supplied with the Information indicated on this report or supplied with the Information indicated on this report or supplied with the	NAME STREET ADDRESS				☐ Defete	name Strei	ET ADDRESS				☐ Change	☐ Addition
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SIGNATURE	12. I hereby of indicated of the cor changed,	pertify that the on this report poration or the or on an atta	e information supplied with t or supplit hental report is excever by trustee empor ormen) with an address, w	this fili true ar wered vith all o	1				(i), Florida Statut it as if made und ss; and that my r	es. I further ce der oath; that I name appears		ļ
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