## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 14, 2004 08:00 AM Secretary of State

DOCUMENT # N  1. Entity Name MARTÝŇ, MOUL AND N			
Principal Place of Business 1451 W CYPRESS CREEK RD 300 FT LAUDERDALE, FL 33309	US	Mailing Address 1451 W CYPRESS CREEK RD 300 FT LAUDERDALE, FL 33309	US

SIGNATURE:

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<u>954-489-2738</u>

•	And William Fillipherinkan ki	to we side wheele		01062004 No Chg-P CR2E034 (10/03)			
DO NOT WRITE IN THIS SPA			UE	4. FEI Number 65-0032771			Applied For Not Applicable
	•				of Status Desired		.75 Additional
	6. Name and Address of Current Regis	stered Agent		<del>-1,</del>			· rioquiloq
4101 NE 1	ANIEL H. II 5TH TERR ) PARK, FL 33334				NOT W THIS SP		A S A Ann A guideanna
8. The above	named entity submits this statement for the	purpose of changing its registere	ed office or registe	ered agent, or bo	oth, in the State of Flor	ida. I am fami	liar with, and accep
the obligat	tions of registered agent.						
SIGNATURE.	Signature, typed or printed name of registered agent and title	d applicable. (NOTE: Registered	Agent signature requir	ed when reinstating)		DATE	· · · · · · · · · · · · · · · · · · ·
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	, <u> </u>	5.00 May Be ded to Fees	U00000 04/14/04-	111942 80003-0	Na 150 no
10.	OFFICERS AND DIRE	CTORS	<u>                                     </u>			~~~~	22 122100
TITLE NAME STREET ADDRESS	PD MOUL, DANIEL H 11 4101 NE 15 TERR		,	• • •	` . <i>.</i>		,
CITY-ST-ZIP	OAKLAND PARK, FL VSTD						
name Street address	WILKIN, DONALD M 301 SW 14TH WAY						
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				W.	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·		• •		
12. I hereby condicated of the corporated,	ertify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	ling does not qualify for the exen and accurate and that my signate to execute this report as requir other like empowered.	nption stated in S ure shall have the ed by Chapter 60	ection 119.07(3)( same legal effec 7, Florida Statute	i), Florida Statutes. I f it as if made under oa s; and that my name	urther certify that I am a appears in Blo	nat the information n officer or director ock 10_or Block 11 if

Daniel H. Moul, IT