## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 02, 2004 08:00 AM Secretary of State

ANNUAL REPURI					Sacratary of State		
DOCU	MENT # M98914	Secretary of State					
VOLK REPORTING, INC.							
Principal Plac	ce of Business	Mailing Address	·				
14221 LAKE SARANAC AVENUE 14221 LAKE SARAN		14221 LAKE SARANAC AVENU MIAMI LAKES, FL 33014	214 _		kan handak kalikan kalang syapin andak angasi anja	[[[ #   #   #   #   #   #   #   #   #	
	OO NOT WRITE	CE	07282004		2E034 (10/03)		
				NOT A	PPLICABLE	Not Applicable	
	- Delication of the second of	and the second s	<del></del>	5. Certificate	of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent							
	ANNE L KE SARANAC AVENUE KES, FL 33014	DO NOT WRITE IN THIS SPACE					
<u> </u>							
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 accept the obligations of registered agent.							
SIGNATURE							
Signature, typed or printed name of registered agent and title it applicable. (NOTE Registored Agent signature regis				ired when reinstating)	DA	7E	
FILE NOWIII FEE IS \$150.00 9. Election Campaign Fina Due by September 8, 2004 Trust Fund Contribution				\$5.00 May Be In accordance with s corporation did not n		607.193(2)(b), F.S., the beive the prior notice.	
10.	OFFICERS AND D	RECTORS .	1				
THILE NAME STREET ADDRESS CITY-ST-ZIP	P VOLK, JEANNE L. 14221 LAKE SARANAC AVE, MIAMI LAKES, FL 33014				U00000169 08/02/04-900	081 09-012 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VURA, RICHARD H., JR. 15225 N.W. 77TH AVE. MIAMI LAKES, FL 33016						
TITLE NAME STREET ADDRESS CITY - ST - ZIP			DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY - ST - ZEP			IN THIS SPACE				
TITLE MAMAZ STREET ADDRESS							

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, if 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 comporation or the receiver or bustee 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 address, with all either the empowered.

SIGNATURE:

CHY-ST-ZIP

THLE

NAME

STREET ADDRESS

CHY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7=28-04

305-557-44/D