DOCUMENT # N02000000640

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



FILED Apr 30, 2004 8:00 am Secretary of State

1. Entity Narr PEACOC	K TRUST UNITED STATES	S OF AMERICA INC.			•	04-30	-2004 902	70 054	01.23
3057 NE 16	te of Business TH AVE. ARK, FL 33334	Mailing Address 3144 BROADWAY #4, 125 P.M.B. EUREKA, CA 95501	•			7 8 14811 48711 88664	74	UY DO	i Y
2. Principal Place of Business 3. Mailing Address 3. STATE BRODD WAY									
Suite, Apt. #, etc. OAKLAND PARK # Suite, Apt. #, etc. City & State City & State				B.		Chg-NP	CR2E03	7 (10/03)	
City & State F Lo2 DA Zip Country Zip Country City & State City & State City & State City & State Country Zip Country					4. FEI Number	ESROS	-089 . 3530	No	oplied For of Applicable
333	34 U.SA	9550 I	U.S.A		5. Certificate of		, L	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent Name					7. Name and Address of New Registered Agent AMIMA SULTANA HARD CASTLE				
	, F.M. ABEDA							FAP D	CASTLE
3057 NE 16TH AVE. OAKLAND PARK, FL 33334				ddress (P.O. Box Number is Not Acceptable)					
OARLAND PARK, 12 33334				AKZAND PARK					
			City	= [ORID	A	FL	Zip Cod	e 22(1
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.									
trie obliga	lions of registered agent.	• 0	11-						
SIGNATURE									
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Agent signati	ure required	when reinstating)		DATE		
- •	Filing Fee Is \$61.25 Due by May 1, 2004	9. Election Camp		<u> </u>	\$5.00 May Be Added to Fees	FI	Make check orida Depart		******************
10.	-	Trust Fund Co			\$5.00 May Be Added to Fees		orida Depart	ment of S	iate
TITLE	OFFICERS AND DI	Trust Fund Co	ntribution. 11. TITLE O	SHA	DDITIONS/CHAN	GES TO OFFIC	orida Dapari CERS AND DIF 1(2-DCASTI	RECTORS IN	iate
	Due by May 1, 2004 OFFICERS AND DI	Trust Fund Co	ntribution.	SH0	DDITIONS/CHANGE	GES TO OFFICE S; HA	Orida Depart CERS AND DIF NC-DCASTI	RECTORS IN	tate 1 10 Addition
TITLE NAME	Due by May 1, 2004 OFFICERS AND DI PD SULTANA, F.M. ABEDA 3057 NE 16TH AVE. OAKLAND PARK, FL 33334	Trust Fund Co	11. TITLE P	SH0	DDITIONS/CHAN	GES TO OFFICE S; HA	Orida Depart CERS AND DIF NC-DCASTI	RECTORS IN	tate 1 10 Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2004 OFFICERS AND DI PD SULTANA, F.M. ABEDA 3057 NE 16TH AVE. OAKLAND PARK, FL 33334 VD SULTANA, F.M. NOOR	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SH0	DDITIONS/CHANGE	GES TO OFFICE S; HA	Orida Depart CERS AND DIF NC-DCASTI	RECTORS IN EXCHANGE CHANGE 333	tate 110 Addition
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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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHAMIMAS HARDCASTLEI 04/20/00