2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003050

FILED Mar 11, 2004 Secretary of State

Entity Name: YE ORDER OF SINBAD SLAYERS OF EVIL. INC.

Current Principal Place of Business: New Principal Place of Business: Signs HartFord St TAMPA, FL 33619 Current Mailing Address: Signs HartFord St TAMPA, FL 33619 FEI Number: 32-0011232 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ARROYO, ELAINE Signs HartFord St TAMPA, FL 33619 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bo in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECT Title: D () Delete Title: () Change () Addition Name: ARROYO, ELAINE Address: City-St-Zip: TAMPA, FL 33619 Title: D () Delete Title: () Change () Addition Name: ARROYO, ARMONDO Name: ARROYO, ARMONDO STREET Address: City-St-Zip: TAMPA, FL 33619 Delete Title: () Change () Addition Name: Address: City-St-Zip: TAMPA, FL 33619 City-St-Zip: TAMPA, FL 33619 City-St-Zip: TAMPA, FL 33619	_ y		er or one de treno or	2012, 1140.	
Current Mailing Address: New Mailing Address: 8106 HARTFORD ST TAMPA, FL 33619 FEI Number: 32-0011232 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Name: Agroyo, ELAINE Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECT Title: D () Delete Name: Address: 6106 HARTFORD STREET Address: 6106 HARTFORD STREET Address: 6106 HARTFORD STREET Title: D () Delete Name: ARROYO, ARMONDO Name: ARROYO, ARRONDO Name: ARROYO, ARRONDO Name: ARROYO, ARRONDO STREET Address: 6106 HARTFORD STREET Address: Address:	Current Principal Place of Business:			New Principal Place	of Business:
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TAMPA, FL 33619 FEI Number: 32-0011232 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ARROYO, ELAINE 6106 HARTFORD ST TAMPA, FL 33619 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bo in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECT Title: D () Delete Name: ARROYO, ELAINE Name: ARROYO, ELAINE Address: 6106 HARTFORD STREET Address: 6106 HARTFORD STREET City-St-Zip: TAMPA, FL 33619 City-St-Zip: Title: () Change () Addition Name: ARROYO, ARMONDO Name: ARROYO, ARMONDO Name: ARROYO, ARMONDO Address: 6106 HARTFORD STREET Address: 6106 HARTFORD STREET	Current N	Mailing Addres	ss:	New Mailing Addres	ss:
Name and Address of Current Registered Agent: ARROYO, ELAINE 6106 HARTFORD ST TAMPA, FL 33619 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bo in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECT Title: D () Delete Title: ARROYO, ELAINE ARROYO, ELAINE Address: 6106 HARTFORD STREET City-St-Zip: TAMPA, FL 33619 () Delete Title: D () Delete Title: City-St-Zip: Title: D () Delete Title: D () Change () Addition Name: Address: Address: Address: ARROYO, ARMONDO Name: Address: Address: Address:					
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Name: ARROYO, ARMONDO Name: Address: 6106 HARTFORD STREET Address:	Name: Address:	ARROYO, ELA 6106 HARTFOR	NE RD STREET	Name: Address:	() Change () Addition
	Vame: Address:	ARROYO, ARW 6106 HARTFOR	ONDO RD STREET	Name: Address:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARMONDO ARROYO DIR 03/11/2004