## 2004 NOT-FOR-PROFILEORPORATION ANNUAL REPORTION Apr 15, 2004 8:00 am Secretary of State 04-15-2004 90026 039 \*\*\*\*61.25 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State Applied For City & State 4. FEI Number 65-0474101 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DELVALLE, CAREOS. 154 SEBRING DRIVE Street Address (P.O. Box Number is Not Acceptable) **TAVERNIER FL 33070** City Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Change ☐ Addition Delete TITLE TITLE DELVALLE, CARLOS NAME NAME 154 SEBRING DRIVE STREET ADDRESS STREET ADDRESS TAVERNIER FL 33070 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE DELVALLE, SUSAN NAME NAME 154 SEBRING DRIVE STREET ADDRESS STREET ADDRESS TAVERNIER FL 33070 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE \_ Delete SCIANIMANICO, SHARON NAME 812.NARRAGANSETT-LANE -STREET ADDRESS STREET ADDRESS KEY LARGO FL 33037 CITY-ST-ZIP CITY-ST-ZIP ממ ☐ Change ☐ Addition TITLE KING, ANJANETTE NAME 137 CALOOSA STREET 40 HIGH POINT Rd. STREET ADDRESS STREET ADDRESS TAVERNIER FL 33070 CITY-ST-ZIP CITY-ST-ZIP

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. 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

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