2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 02, 2004 8:00 am Secretary of State

ANNUAL REPURI					02-02-2004 90017 046 ***150.00					
1. Entity Nam	MENT # P00000003 PAPOR SYSTEMS, INC.)Z-UZ-ZUU4 9(701 / 040	130.00	,		
				A TE	}		2400	neese		
Principal Plac	e of Business	Mailing Address	Mailing Address			24005555				
10254 NW 47TH STREET SUNRISE, FL 33351		8930 STATE ROAD 84 #323								
JUN1111JE, 1 E	33331	DAVIE, FL 33324				. 1141 (1141 (1144 1144 1			300 4 (1 100)	
2. Principal Place of Business 9380 OHK GROVE CIR		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01262004	Chg-P	CR2E	034 (10/03)		
DAVIE, FL.		City & State			4. FEI Numb 59-361			F	oplied For ot Applicable	
Zip 3333	AB USA	Zip	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Required		
	6. Name and Address of Current F	Registered Agent	Nar		7. Name and	Address of New	Registered	Agent		
TRICK WILLIAM WUR										
	TLANTIC BLVD., STE. 7 D BEACH, FL 33060	Street Addres		et Address (s (P.O. Box Number is Not Acceptable)					
<u></u>								13.6.		
			City			FL 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										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.	OFFICERS AND I		11.		ADDITIONS	CHANGES TO O	FICERS AND			
TITLE NAME	P VOGT-STRAUSS, FRAN	☐ Delete	TITLE NAME	Voc	ST-STR	AUSS, F < GROVE L.3332	RAN	Change	Addition	
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STREET ADDRESS	المصرة المحادث		STREET ADDR	ESS	<u>.</u>					
12. I hereby	certify that the information supplied with	this filing does not qualify for		stated in Se	ection 119.07(3)	(i), Florida Statute	s. I further ce	rtify that the in	nformation	
. indicated	certify that the information supplied with I on this report or supplemental report is	true and accurate and that m	y signature sh	all have the	same legal effe	ct as if made unde	er oath; that I	am an officer	or director	

12. Thereby certify that the information supplied with this tiling does not qualify for the exemption stated in 13-0 (5)th, ribide statutes. Hother, certify that the information indicated on this report or suppliemental 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 607, 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: July Signature and typed on Printed Name of Signing Officer or Director

1/30/04

Daytime Phone #