

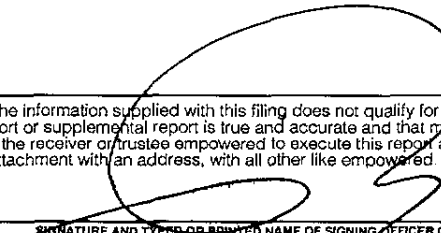


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 08:00 AM
Secretary of State

| | | |
|---|---------------------------------------|---|
| DOCUMENT # P00000028771 | |  |
| 1. Entity Name PAPES CAPITAL SERVICES, INC. | | |
| Principal Place of Business 1861 W. OAKLAND PARK BLVD FORT LAUDERDALE, FL 33311 | | Mailing Address 1861 W. OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33311 |
| DO NOT WRITE IN THIS SPACE | | |
|  | | |
| 04272004 No Chg-P CR2E034 (10/03) | | |
| 4. FEI Number 65-0991941 | | Applied For Not Applicable |
| 5. Certificate of Status Desired | | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent PAPPAS, SPIRO 1861 W. OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33311 | | DO NOT WRITE IN THIS SPACE |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | U700000155462 05/05/04-80038-021 158.75 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DO NOT WRITE IN THIS SPACE | |
| D SPIRO, PAPPAS 1861 W. OAKLAND PARK BLVD FT. LAUDERDALE, FL 37311 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
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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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date: 4/27/2004 Daytime Phone: _____ |