

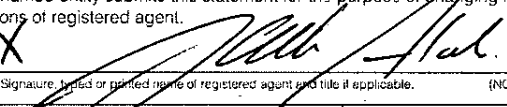



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91067 019 \*\*\*150.00

<b>DOCUMENT # P00000030754</b> 1. Entity Name <b>JACK ALEXANDER INTERNATIONAL, P.A.</b>																																					
Principal Place of Business <b>4658 HAMMOCK CIRCLE DELRAY BEACH, FL 33445</b>				Mailing Address <b>4658 HAMMOCK CIRCLE DELRAY BEACH, FL 33445</b>																																	
2. Principal Place of Business <b>9878 Savona Winds Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>9878 Savona Winds Dr</b> Suite, Apt. #, etc.																																			
City & State <b>Delray Beach FL</b> Zip <b>33446</b>		City & State <b>Delray Bch FL</b> Zip <b>33446</b>		4. FEI Number <b>65-0985428</b>																																	
Country <b>US</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																	
6. Name and Address of Current Registered Agent  <b>ALEXANDER, JACK 4658 HAMMOCK CIRCLE DELRAY BEACH, FL 33445</b>				7. Name and Address of New Registered Agent Name <b>Alexander, Jack</b> Street Address (P.O. Box Number is Not Acceptable) <b>9878 Savona Winds Dr</b> City <b>Delray Beach</b> <b>FL</b> Zip Code <b>33446</b>																																	
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 <b>4.20.04.</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <b>P ALEXANDER, JACK. 4658 HAMMOCK CIRCLE DELRAY BEACH, FL 33445</b> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ALEXANDER, JACK. 4658 HAMMOCK CIRCLE DELRAY BEACH, FL 33445</b> <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <b>P Alexander, Jack 9878 Savona Winds Dr. Delray Beach, FL 33446</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Alexander, Jack 9878 Savona Winds Dr. Delray Beach, FL 33446</b> <input type="checkbox"/> Change <input type="checkbox"/> 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 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:  DATE <b>4.20.04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																					