

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000032441

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: DARIAS AND ASSOCIATES, INC.

## Current Principal Place of Business:

KREIVE OUTFITTERS  
PALM HARBOR, FL 34684

## New Principal Place of Business:

KREWE OUTFITTERS  
3173 CARRIAGE DR  
PALM HARBOR, FL 34684

## Current Mailing Address:

36243 US HWY. 19 N.  
NEW PORT RICHEY, FL 34653

## New Mailing Address:

35246 U.S. HWY 19 NORTH  
211  
PALM HARBOR, FL 34684

FEI Number: 59-3636207

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DARIAS, ERNIE A  
7437 NEBRASKA AVE  
NEW PORT RICHEY, FL 34653

## Name and Address of New Registered Agent:

SOROKA, DANA  
3173 CARRIAGE DR  
PALM HARBOR, FL 34684

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.

SIGNATURE: DANA SOROKA

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete  
Name: DARIAS, ERNIE A  
Address: 7437 CYPRESS KNOLL  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VP (X) Delete  
Name: SOROKA, DANA  
Address: 3173 CARRIAGE DR.  
City-St-Zip: PALM HARBOR, FL 34684

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition  
Name: SOROKA, DANA  
Address: 3173 CARRIAGE DR  
City-St-Zip: PALM HARBOR, FL 34684

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANA SOROKA

PTSD

04/30/2004

Electronic Signature of Signing Officer or Director

Date