


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P00000038034 1. Entity Name RESCREEN BY DARRYL, INC.	
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Principal Place of Business 15341 SOUTHWEST 86TH AVENUE MIAMI, FL 33157	Mailing Address 15341 SOUTHWEST 86TH AVENUE MIAMI, FL 33157
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DO NOT WRITE IN THIS SPACE



07162004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1010908	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134

**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 file if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCHLADANT, DARRYL 15341 SOUTHWEST 86TH AVENUE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SCHLADANT, MICHELLE 15341 SOUTHWEST 86TH AVENUE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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08/04/04-80002-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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>	8/1/04 <small>Date</small>	3052347532 <small>Daytime Phone #</small>
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