RANDAZZA, JOSEPH

6285 NW 42ND WAY

SIGNATURE: 5

SIGNATURE AND TYPED OR

RINTED NAME OF SIGNING OFFICER OF

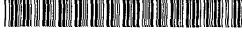
BOCA RATON, FL 33496

2004 FÖR PROFIT CORPORATION **ANNUAL REPORT**

6. Name and Address of Current Registered Agent

DOCUMENT # P00000039448 1. Entity Name SECURE ACCESS PORTALS, INC. Principal Place of Business Mailing Address 6285 NW 42ND WAY 6285 NW 42ND WAY BOCA RATON, FL 33496 BOCA RATON, FL 33496 07062004 No Chg-P DO NOTAWRITE IN THIS SPACE 4. FEI Number 65-1004073 5. Certificate of Status Desired

FILED Jul 07, 2004 08:00 AM **Secretary of State**



CR2E034 (10/03) Applied For

Not Applicable \$8.75 Additional

DOMOTWEITE INTHIS SPACE

| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) | | | | | 07/07/04-80020-015 150.00 | |
|---|---|--|--------------------------------|--|----------------------------------|---------------|
| FILE NOW!!! FEE IS \$150.00 9. Election Campaign Fit Due by September 8, 2004 Trust Fund Contribution | | | \$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. | | |
| 10. OFFICERS AND DIRECTORS | | | | | | STAR MARIANIA |
| Title Name Street address City-ST-ZIP | P RANDAZZA, JOSEPH 6285 NW 42ND WAY BOCA RATON, FL 33496 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | NO! WHILE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 3.2. 1.60 | Control of the Contro | CHICARD CALL CALLERY OF BUILDING | |
| 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 eath; 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. | | | | | | |

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. Lam familiar with, and accept the obligations of registered agent.