

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90021 049 ***150.00

DOCUMENT # P00000041539

1. Entity Name
3600 DEVELOPMENT CORP.

Principal Place of Business
**3998 FAU BOULEVARD #307
 BOCA RATON, FL 33431**

Mailing Address
**3998 FAU BOULEVARD #307
 BOCA RATON, FL 33431**



39017106



**3701 FAU Boulevard, Suite 205
 Boca Raton, FL 33431**

**3701 FAU Boulevard, Suite 205
 Boca Raton, FL 33431**

01082004 Chg-P CR2E034 (10/03)

4. FEI Number
06-1582757

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HEAD, THOMAS A
 3998 FAU BOULEVARD #307
 BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent
**3701 FAU Boulevard, Suite 205
 Boca Raton, FL 33431**

Zip Code

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: *TH AHO* **Thomas A. Head** 1/26/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEAD, THOMAS A 3998 FAU BOULEVARD #307 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3701 FAU Boulevard, Suite 205 Boca Raton, FL 33431 <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: *TH AHO* **Thomas A. Head** 1/26/04 561-347-6915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #