2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
04 APR 19 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66407235

02262004 Chg-P CR2E034 (10/03)

DOCUMENT # P00000050541

1. Entity Name
TREASURE COAST WHOLESALE, INC.

Principal Place of Business
5009 LACE AVE.
FT. PIERCE, FL 34982

Mailing Address
5009 LACE AVE.
FT. PIERCE, FL 34982

2. Principal Place of Business	3. Mailing Address
1210 Wyoming Avenue	1210 Wyoming Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Pierce, FL	City & State: Fort Pierce, FL
Zip: 34982 Country: USA	Zip: 34982 Country: USA

4. FEI Number: 65-1022710 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRECO, SUN C
5009 LACE AVE.
FT PIERCE, FL 34982

7. Name and Address of New Registered Agent

Name: NRAI Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 526 East Park Avenue
City: Tallahassee FL Zip Code: 32301

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: Alison Hand ASST SEC 4/19/04

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	
TITLE	PD ☐ Delete	TITLE	PD ☒ Change ☐ Addition
NAME	MAUNG, NAYWIN	NAME	Maung, Naywin
STREET ADDRESS	5009 LACE AVE.	STREET ADDRESS	1210 Wyoming Avenue
CITY-ST-ZIP	FT PIERCE, FL 34982	CITY-ST-ZIP	Fort Pierce, FL 34982
TITLE	D ☒ Delete	TITLE	
NAME	GRECO, SUN C	NAME	300035730008
STREET ADDRESS	269 SW PAGODA TERRACE	STREET ADDRESS	05/07/04--01008--008 **150.00
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34984	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature] 2/27/04 772-466-1902

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