2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P00000050795

Entity Name: MY PRICE WHOLESALE, INC.

Current Principal Place of Business:

19925 NE 39TH PLACE
AVENTURA, FL 33180

New Principal Place of Business:

16496 NE 31ST AVE
NORTH MIAMI BEACH, FL 33160

Current Mailing Address:

19925 NE 39TH PLACE
AVENTURA, FL 33180

New Mailing Address:

16496 NE 31ST AVE
NORTH MIAMI BEACH, FL 33160

FEI Number: 65-1023601 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASTLE, GEORGE
19925 NE 39TH PLACE
SUITE 502-S
AVENTURA, FL 33180

Name and Address of New Registered Agent:

CASTLE, GEORGE
16496 NE 31ST AVE
NORTH MIAMI BEACH, FL 33160

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: GEORGE CASTLE 04/30/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CASTLE, GEORGE
Address: 19925 NORTHEAST 39TH PLACE SUITE 502-S
City-St-Zip: AVENTURA, FL 33180

Title: D ( ) Delete
Name: WAUGH-CASTLE, ROBIN
Address: 19925 NORTHEAST 39TH PLACE SUITE 502-S
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CASTLE, GEORGE
Address: 16496 NE 31ST AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: D (X) Change ( ) Addition
Name: WAUGH-CASTLE, ROBIN
Address: 16496 NE 31ST AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33160

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: ROBIN WAUGH-CASTLE D 04/30/2004
Electronic Signature of Signing Officer or Director Date