2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State

| | ANNUAL | KEPUKI | | | SCCI | tary (| JI State |
|---|---|--|---------------------------------------|--|----------------------------|--------------------|---------------------------------|
| DOCUMENT # P00000057564 | | | | | | _ | 32 ***150.00 |
| 1. Entity Nam | e . | | "NY | | | | |
| KURT G. PIESCINSKI, INC. | | | | 36 / | | | |
| | | | Contract of the second | | | | |
| Principal Place | | Mailing Address | | | * | | |
| 900 E ATLANTIC BLVD STE 17 900 E ATLANTIC BLVD STE 17 POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33060 | | | | | | | |
| PUNEANO D | EACH, FL 33000 | FOMERING BEACH, IE 33000 | | | | | - elli sistesi ti 1881 |
| | | A CONTRACTOR OF THE PROPERTY O | T | | | | |
| | | | | | 64 65 44 86 66 | } | 6 81141 83016 91 11 1891 |
| | | | A TORREST | 02192004 | No Chg-P | CR2E034 (1 | 0/03) |
| isadi. D | O NOT WRITE | IN THIS SPACE | CE | 4. FEI Numb | er | | Applied For |
| | | | | 65-101 | | | Not Applicable |
| | | | | 5. Certificate | of Status Desired | | 75 Additional Required |
| | 6. Name and Address of Current Re | gistered Agent | | | | A 74 | |
| KOZI OCI | T CLICAN | | | | | | |
| KOZLOSKI, SUSAN 900 E ATLANTIC BLVD STE 17 | | | | · DO | NOT W | KIIE. | |
| POMPANO BEACH, FL 33060 | | | | IN. | THIS SF | ACE | |
| | • | | | | | | |
| | | _ | | | | | |
| 8. The above | named entity submits this statement for the | e purpose of changing its register | ed office or re | gistered agent, or bo | th, in the State of Flo | orida. I am famili | ar with, and accept |
| the obligat | ions or registered agent. | | | | | | |
| SIGNATURE_ | Signature, typed or printed name of registered agent and | title if applicable. (NOTE: Registere | ed Agent signature r | equired when reinstating) | | DATE | |
| CONTRACTOR OF THE PARTY OF THE | | | | | <u> </u> | - | |
| FIL | E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00 | Election Campaign Finar Trust Fund Contribution. | | \$5.00 May Be Added to Fees | | | |
| | | | | | | and the same of | |
| 10. | OFFICERS AND DI | RECTORS | | | | | |
| TITLE NAME | DPST PIESCINSKI, KURT G | | . s | | | 4.6 | |
| STREET ADDRESS | 900 E ATLANTIC BLVD STE 17 | | * | er e | | | S |
| CITY-ST-ZIP | POMPANO BEACH, FL 33060 | | | 4477.846 | | | |
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| STREET ADDRESS CITY-ST-ZIP | : | | Try en l | | | | |
| TITLE | | | | | | | |
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| STREET ADDRESS | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | DO | NOT W | RITE | |
| CITY-ST-ZIP | | | - | | | | |
| TITLE NAME | | | | IN | THIS SI | 'AUE | |
| STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | * | | | 12 1 2 2 2 | |
| TITLE | | | | | | | |
| NAME STREET ADDRESS | | | | | | | 1 |

-12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the info@nation 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 products are employed 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 accrease, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TIPED OR MENTED NAME OF SIGNAND OFFICER OR DIRECTOR

12704

954-783-5030

Daytime Phone #