


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 02, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000061303 1. Entity Name PARK PLACE EXOTICS, INC.	
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Principal Place of Business 19575 SW 320 STREET HOMESTEAD, FL 33030	Mailing Address 19575 SW 320 STREET HOMESTEAD, FL 33030
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05032004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 52-2258347	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CHANEY, MARIE 19575 SW 320 STREET HOMESTEAD, FL 33030
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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: <i>Marie E. Chaney DP/DS</i> DATE: <i>July 30, 2004</i> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CHANEY, MARIE 19575 SW 320 STREET HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS CHANEY, MARIE 19575 SW 320 STREET HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT CHANEY, THOMAS. 19575 SW 320 STREET HOMESTEAD, FL 33030
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: <i>Marie E. Chaney</i> DATE: <i>July 30, 2004</i> DAYTIME PHONE #: <i>305-248-0545</i> <small>(Signature and typed or printed name of signing officer or director)</small>