

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90256 033 ***150.00

DOCUMENT # P00000064516					
1. Entity Name STEWART FAMILY INVESTMENTS, INC.					
Principal Place of Business 7901 SW 6TH CT STE 110 PLANTATION, FL 33324			Mailing Address 7901 SW 6TH CT STE 110 PLANTATION, FL 33324		
2. Principal Place of Business 13520 SW 74 PL Suite, Apt. #, etc.		3. Mailing Address 13520 SW 74 PL Suite, Apt. #, etc.			
City & State Village of Pinecrest FL Zip 33156 Country USA		City & State Village of Pinecrest FL Zip 33156 Country USA		4. FEI Number 65-1021391	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent STEWART, ANDREW J 15700 SW 85TH AVE. MIAMI, FL 33157			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State FL 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: _____ (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 <input type="checkbox"/> \$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	PTD STEWART, ANDREW J 15700 SW 85TH AVE. MIAMI, FL 33157		TITLE NAME STREET ADDRESS CITY - ST - ZIP	13520 SW 74 PL Village of Pinecrest FL 33156	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS STEWART, SALLY D 15700 SW 85TH AVE. MIAMI, FL 33157		TITLE NAME STREET ADDRESS CITY - ST - ZIP	13520 SW 74 PL Village of Pinecrest FL 33156	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____		TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____		TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____		TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____		TITLE NAME STREET ADDRESS 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 an other like empowered.					
SIGNATURE: Andrew J Stewart			Date: 4/8/04 Daytime Phone #: 3053450882		