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Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90987 024 ***150.00

2004 ... PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000070750

1. Entity Name
AMY & BECKS, INC.

94067077

03282004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
8122 GLADES ROAD BOCA RATON, FL 33434	8122 GLADES ROAD BOX PMB 363 BOCA RATON, FL 33434

2. Principal Place of Business	3. Mailing Address
~~Same~~ 8130 GLADES RD.	8130 GLADES RD,
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State (Same)	City & State (Same)
Zip / Country	Zip / Country

4. FEI Number 65-1027294 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~WEBER, AMY~~ 8122 GLADES ROAD BOCA RATON, FL 33434	Name: same Street Address (P.O. Box Number is Not Acceptable): 8130 GLADES RD City: (same) 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: AMY WEBER, PRES   DATE: 4-1-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WEBER, AMY 8122 GLADES ROAD BOCA RATON, FL 33434 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition same. 8130 GLADES RD BOCA RATON FL 33434
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] AMY WEBER PRES.   4-1-04   561-865-0080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #