2064 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 08:00 AN Secretary of State

Daytime Prione #

| DOCUMENT # P00000072410 1. Ensyl fame DAHDAL, INC. Pricepal Pass of Business Making Address Soci STAILE ROW 52 PRUSON, FL 34669 2. Principal Pass of Business Swite, Addr # etc. City & Swite Ci | | ANNOA | CREPURI | | | | May U | <i>3</i> , 200 | 4 UC | OUU A |
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| Suite, Apt #, etc. Suite, Apt #, etc. D4012004 Chg-P CR2E034 (10/03) | | | | | | | niet wwise wwise ww | tti wwiit iwwa sawi | | 15### 5 53 4mm/2 t |
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| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the colliptations of registered agent white or registered agent, or both, in the State of Florida. I am familiar with, and accept the colliptations of registered agent and private many and private rare or registered agent and private many and private rare or registered agent and private many and private rare or registered agent and private many and private rare or registered agent and private many and private rare or registered agent and private many and private rare or registered agent and private many and private rare or registered agent and private many and private rare or registered agent and private many | | | | | ļ. | 663 | | No | t Applicable | |
| Name | Zip | | | Count | try | | | ☐ F | ee Required | |
| DAHDAL, SAID L 950S STATE ROAD 52 HUDSON, FL 34669 1. The above named entry 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Stream visid or private rate of replaced agent affairs 1 applicable (NOT highered Agent separable replaced when retailed) OATC FILE NOW!!! FEE IS \$150.00 | | o. Name and Address of Curren | Hegistered Agent | | Nome | 7. Name and A | ddress of New F | Registered Ac | ent | |
| City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the coligations of registered agent. SIGNATURE Septiment inside of present name of registered agent. Post Progression Agent equation required when remailed to present name of registered agent. Post Progression Agent equation required when remailed to present name of registered agent. Post Progression Agent equation required when remailed to present name of registered agent. Post Progression Agent equation required when remailed when remailed to present name of registered agent. Post Progression Agent equation required when remailed to present name of registered agent. Post Progression Agent equation required agent. Post Progression Agent equation Post Progression Agent equation required agent. Post Progression Agent equation required agent equation required agent equation required agent. Post Progression Age | | | | | | | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent. Signature Signa | | | | | | | | -, | | |
| SIGNATURE Signature File Now; File Satisous Signature | | | | | • | | | | [-, | |
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| Atter May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. | SIGNATURE. | Signature, typed or printed name of registered agen | i ลกีซ์ โทย ที่ อยุภัเcable (NOTE | Régistered | t Agent signaturo retuined | when reinstailing) | · · · · · · · · · · · · · · · · · · · | DATE | | , |
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| 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. | | Pertify that the information supplied will | This filling dope not availle the | | <u> </u> | 1100 110 07/317N | Elorida Statutan | Y further and It | that the !- | formation |
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