2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:(

FILED Apr 26, 2004 08:00 AM Secretary of State

| DOCUMENT # P00000075449 1. Entity Name | | | | 7 | | · | |
|--|---|--|---|--|--|---------------------|---------------------------|
| KATLAW BUSINESS BROKERAGE, INC. | | | | | | | |
| Principal Place | of Business A | lailing Address | ·_ | 7 | | | |
| | | 5400 S. UNIVERSITY DRIVE | | | | | |
| SUITE 119 | | SUITE 119 | | | | | |
| DAVIE, FL 3: | 5328 | DAVIE, FL 33328 | | | | | |
| | | | | | | | |
| | | | | | | | |
| DO NOT WRITE IN THIS SPACE | | | | 04192004 4. FEI Numbi | No Chg-P | CR2E034 (1 | 10/03) Applied For |
| | | | | | 65-1029520 Not Applicable | | |
| | | and the second s | , , - | 5. Certificate | of Status Desired | □ \$8.7 | 75 Additional Required |
| | 6. Name and Address of Current Regi | stered Agent | | \ | | | |
| PALERMO | , ARTHUR JR | | | | NIOT W | | |
| 5400 S. UNIVERSITY DRIVE | | | | טט | NOT W | KIIE | |
| SUITE 119 DAVIE, FL 33328 | | | | IN T | THIS SP | ACE | |
| , | | | | | | | |
| 8. The above | named entity submits this statement for the | ourgose of changing its register | ed office or regist | tered agent, or bo | in in the State of Flo | rida. I am tamili | ar with, and accept |
| the obligati | ons of registered agent. | | | | 2., C | 11001 10111 | ar man and docopt |
| SIGNATURE_ | C MOREO | | 3 35 | <u>ч.</u> | <i>\$</i> 1.3. | | |
| | Signalure, typed or printed name of registered agent and title | if applicance. (NOTE, Registere | d Agent signatura requi | red when reinstating) | <u> </u> | DATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution. | | | | 5.00 May Be dded to Fees | | | |
| 10. | OFFICERS AND DIRE | CTORS | 1 | | | | |
| THE | D SALEDMO ADTIVID ID | | | | | | |
| NAME STREET ADDRESS | PALERMO, ARTHUR JR 5400 S. UNIVERSITY DRIVE SUITE | 110 | | | | | |
| CITY-ST-ZIP | DAVIE, FL 33328 | | U00000130484 04/26/04-80120-015 150.00 | | | | |
| HIFF | | | 1 | | 0472570 4 7 | QUIS0-01 | 5 15U.UU |
| NAME | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | ** " | | | | | |
| THE | | <u>- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1</u> | ł | | | | |
| NAME | | | | | | | |
| STREET ADDRESS | | | | חח | NOT W | DITE | |
| CITY-ST-ZIP | | | Į | DO | IAO I AA | Lii F | |
| HRE | | | | IN . | THIS SF | ACE | |
| NAME STREET ADDRESS | | | 1 | | · · | | |
| CITY-ST-ZIP | | | | | | | |
| THILE | | | 1 | | | | |
| NAME | | | I | | | | |
| STREET ADDRESS CHTY-ST-ZIP | | | | | | | - |
| TITLE | | <u> </u> | 1 | | | | |
| NAME | | | | | | | ļ |
| STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | | | |
| 12. I hereby of indicated of the con- | ertily that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee exploragre | illing does not qualify for the exe and accurate and that my signal of to execute this report as requi | mption stated in t ture shall have the | Section 119.07(3)(e same legal effector, Florida Statute | i), Florida Statutes, I at as if made under o | further certify the | at the information |