



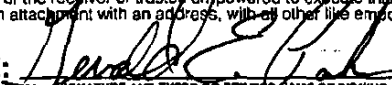
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Roberto Camara

**FILED**  
**Sep 13, 2004 8:00 am**  
**Secretary of State**

09-13-2004 90005 029 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P00000081806</b>		
1. Entity Name: <b>DAWN ENDEAVORS, INC.</b>		
Principal Place of Business <b>5255 N. FEDERAL HIGHWAY 2ND FLOOR BOCA RATON, FL 33487</b>		Mailing Address <b>5255 N. FEDERAL HIGHWAY 2ND FLOOR BOCA RATON, FL 33487</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
8. Name and Address of Current Registered Agent  <b>PARK, GERALD E 5255 N. FEDERAL HIGHWAY 2ND FLOOR BOCA RATON, FL 33487</b>		<b>54072773</b>   <b>08302004 No Chg-P CR2E034 (10/03)</b>
		4. FEI Number <b>65-0647593</b> Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
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 reappointing) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PARK, GERALD E 2280 S OCEAN BLVD G04 DELRAY BEACH, FL 33483	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
<b>DO NOT WRITE IN THIS SPACE</b>		
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 1 changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>9/1/04</b> Date <b>561.994.0880</b> Daytime Phone #