2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 07, 2004 8:00 am Secretary of State DOCUMENT # P00000091825 1. Entity Name 04-07-2004 90006 016 ***158 75 ELMAR EXCLUSIVE SUITE INC. Mailing Address Principal Place of Business 12059 MARGARITA AVE. WARM MINERAL SPRINGS FL 34287 94045480 12059 MARGARITA AVE. WARM MINERAL SPRINGS FL 34287 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number 65-1041030 City & State City & State Applied For Not Applicable Country 7in Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAREK MOS2CZYNSK-1---PASER, MICHAEL D Street Address (P.O. Box Number is Not Acceptable) 4851 85TH X ENUE 12059 MARGARITA AVE City WARM MINERAL SPRINGS FL 34287 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 TITLE TITLE Delete MOSZCZYNSKI, MAREK NAME MAME 12059 MARGARITA AVE. STREET ADDRESS 336 ORTIZ BOULEVARD STREET ADDRESS NORTH PORT FL 34287 CITY-ST-ZIP NARM MINERAL SPRINGS, FL 34287 CITY-ST-ZIP TITLE Delete TITLE NAME LIS, ELZBIETA NAME 12059 MARGARITA AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WARM MINERAL SPRINGS FL 34287 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition - NAME + NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trusted employeed 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.

ered.

MAREK MOSZCZYNSKI 3/26/04 941-628-63.69

DR.ES, Daytime Phone #

FILED