

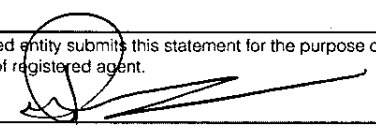
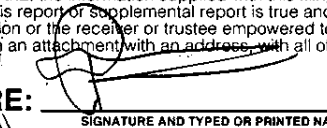


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90037 042 ***150.00

DOCUMENT # P00000095911 1. Entity Name PILLAR BUILDING CORPORATION					
Principal Place of Business 7025 BERACASA WAY SUITE 107 BOCA RATON, FL 33433				Mailing Address 7025 BERACASA WAY SUITE 107 BOCA RATON, FL 33433	
2. Principal Place of Business 7284 W. Palmetto Park Rd Suite, Apt. #, etc. Ste 106		3. Mailing Address 7284 W. Palmetto Park Rd Suite, Apt. #, etc. Ste 106			
City & State Boca Raton, FL		City & State Boca Raton, FL		03312004 Chg-P CR2E034 (10/03)	
Zip 33433		Country USA		4. FEI Number 65-1049269	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KODSI, ISAAC ESQ 701 W CYPRESS CREEK RD SUITE 302 FORT LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent Name Daniel A. Kaskel, P.A. Street Address (P.O. Box Number is Not Acceptable) 7284 W. Palmetto Park Rd - Ste 108 City Boca Raton FL Zip Code 33433	
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  DATE 4-12-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D BERDUGO, ELIE 7025 BERACASA WAY SUITE 107 BOCA RATON, FL 33433	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE 4-12-04 DAYTIME PHONE # 561 395 1086 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					