## 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # P00000095963 04 MAY 21 AM 8: 00 NATIONAL ADJUSTMENT BUREAU, INC. Principal Place of Business Mailing Address 1108 E NEWPORT CENTER DRIVE 1108 E NEWPORT CENTER DRIVE DEERFIELD BEACH, FL. 33442 DEERFIELD BEACH, FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05042004 CR2E034 (10/03) Cha-P City & State City & State 4. FEI Number 65-1046779 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MENELLA, FRANK Street Address (P.O. Box Number is Not Acceptable) 1108 E NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME MENELLA, FRANK 100037438601 .06/01/04--01027--006 \*\*\*6 1108 E. NEW PORT CENTER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33442 CITY-ST-ZIP TITLE ☐ Delete TITLE A Change □ Addition SMITH, ANDREW SMITH, ANDREW NAME NAME STREET ADDRESS. 1108 E NEWPORT CENTER DRIVE 1108 E.NEWPORT CENTER DRIVE STREET ADDRESS DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 CITY-ST-ZIP TITLE Delete -\_ \_\_ ے عد اور Change ب -TITLE HOWARD GOLDFARB NAME NAME 1108 E.NEWPORT CENTER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH, FL 33442 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 leport is true and accurage 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 attache 5/5/04 VICE PRESIDENT SIGNATURE Daytime Phone #