## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: \_

## **FILED** Feb 23, 2004 8:00 am Secretary of State 02-23-2004 90047 012 \*\*\*158.75

1. Entity Name	MENT # P00000114 THREE, INC.	\$1583	25						
Principal Place of Business 2828 CORAL WAY PENTHOUSE SUITE MIAMI, FL 33145		Mailing Address 2828 CORAL WAY PENTHOUSE SUITE MIAMI, FL 33145				5	4009	039	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02112004	Chg-P	CR2E0	34 (10/03)		
City & State		City & State			4. FEI Numbe 65-106			<del></del>	plied For t Applicable
Zip	Country	Zip Count		try	5. Certificate	of Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New F	egistered /	Agent	
HERNANDEZ, ANGEL A				Name					
	AL WAY PENTHOUSE SUITE	•		Street Address (	P.O. Box Numb	er is Not Acceptable	e)		
				City		v^^	FL	Zip Codi	9
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registere	ed office or register	ed agent, or bo	th, in the State of Fk	orida. I am	familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable (NOT	E: Registerer	d Agent signature required	when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campa	ign Finan	ncing _ \$5.	.00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTOR	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1			. 1	÷			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROCHA, ROBERTO 2828 CORAL WAY PH MIAMI, FL 33145	☐ Celete		1				☐ Change	Addition
TITLE NAME = STREET ADDRESS : CITY-ST-ZIP	VPS HERNANDEZ, ANGEL  2828 CORAL WAY PH MIAMI, FL 33145	☐ Delete	TITLE NAM STRE	E				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALLEN, MATT 2828 CORAL WAY PH MIAMI, FL 33145	☐ Delete		<b>I</b>		Man and a second	-	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRONSON, JOYCE · 2828 CORAL WAY PH MIAMI, FL 33145	☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	3					Change	Addition
12. I hereby indicated of the color changed	certify that the information supplied with on this report or supplemental report in poration or the receiver or trustee emply, or on an attachment with an address,	s true and accurate and that owered to execute this repor with all other like empowered	or the exe my signa t as requi	mption stated in Se ture shall have the ired by Chapter 60 ANGEL HEI VICE-PRE	same legal effe Z. Florida Statut	(i). Florida Statutes. ct as if made under s; and that my nam	oath; that I ne appears i	am an officer in Block 10 o	or director r Block 11 if