2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 08:00 AN Secretary of State

Phrologial Place of Business GOSS WBASSIR ROD ORANDO, FL 32807 2. Phrologial Place of Business Subs. April e, etc. Subs. Apri	1. Entity Nar	MENT # P0100000 LIMITED, INC.	4432			Secretary of State		
Suite, Apt. #, etc.	6035 WABASH ROAD		6035 WABASH ROAD		<u> </u>			
Suito, Apt. 4, etc. Suito, Apt. 4, etc. City & State See Required Fee Required Fe	2. Principal i	Place of Business	3. Mailing Address	, , , , , , , , , , , , , , , , , , , 				
City & State City & State City & State A PEl Number Sp-3693392 [Act Applicable Sp-3693392] Per Country Zp Country Zp Country Sp-3693392 [Act Applicable Sp-3693392] E. Name and Address of Current Registered Agent Face Required Face R	Suita, Apt. #, etc.		Suite, Apt. #, etc.			1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 1 2 1 1 1 1 2 1		
S. Country Zip Country 5. Certificate of Status Derificat	City & State		City & State			4. FEI Number Applied For	_	
S. Name and Address of Current Registered Agent MESICK, MICHAEL S 6036 WABASH ROAD ORLANDO, FL 32807 City FL 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. It am familiar with, and succept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and succept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and succept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and succept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and succept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and succept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and succept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and succept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and succept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and succept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and succept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and succept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and succept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and succept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and succept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and succept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and succept the obligations of registered agent, or both, in the State of Florida. It	Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired 7 \$8.75 Additional	ole	
MESICK, MICHAEL S 6035 WABASH ROAD ORLANDO, FL 32807 City FL Zip Code		6. Name and Address of Current	Hegistered Agent	<u> </u>	<u> </u>	<u> </u>		
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			Sieson Adelle		Name	14 House man Lunar nost of their tradisteless untelli	_	
City FL 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 FILE NOW!!! FEE IS \$150,00 After May 1, 2004 Fee will be \$550.00 9. Election Campelign Financing Trust Fund Contribution. 10. OFFICERS AND DIFFECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 11 ITIE MAKE SIRET ADDRESS CITY-ST-2P TITE MAKE SIRET ADDRES	6035 WABASH ROAD				Street Address ((P.O. Box Number is Not Acceptable)		
B. The above named entity submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME MESICK, MICHAELS SIGNATURES ORLANDO, FL 32807 SITLET ADDRESS CITY-ST-ZP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZP Delete TITLE NAME SIRET ADDRESS CITY-ST-ZP Delete TITLE NAME SIRET ADDRESS CITY-ST-ZP Delete TITLE Delete TITLE NAME SIRET ADDRESS CITY-ST-ZP Delete TITLE Delete TITLE NAME SIRET ADDRESS CITY-ST-ZP Delete TITLE Delete TITLE Delete TITLE NAME SIRET ADDRESS CITY-ST-ZP Delete TITLE TI	URLANDO), FL 3280/						
SIGNATURE Signature, typed or printed rate of registered agent. MOTE. Repastered Agent signature received when revealed to the peak Addition After May 1, 2004 Fee will be \$550.00 PELE NOW!!! FEE IS \$150.00 Security S) '	₹∟ { '		
NOTE Repaired Papers Pap	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.							
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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 furstee amnowered to execute this report as required by Chanter 807. Florida Statutes, and that my agme annower in Block 11.5	12. I hereby of indicated of the cor-	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee amo-	n this filling does not qualify for strue and accurate and that report	r the exer	mption stated in Seture shall have the treed by Chapter 807	sction 119.07(3)(i), Florida Statutes, I further certify that the information same logal effect as if made under oath, that I am an officer or direction.		