2004 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P01000005285

1. Entity Name

BIFERIE INVESTMENTS, MANAGEMENT & CONSULTING, INC.



Principal Place of Business

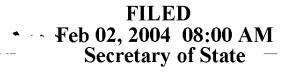
301 N PINE MEADOW DR

STE A DEBARY, FL 32713 Mailing Address

301 N PINE MEADOW DR

STE A

DEBARY, FL 32713





Applied For Not Applicable

Fee Required

| DO NOT WRITE IN THIS SPACE | 01222004 No Chg-P | CR2E | E034 (10/03) |
|----------------------------|----------------------------------|-------|-------------------|
| DO NOT MULLE IN THIS SPACE | 4. FE! Number | | Applied F |
| | 59-3692296 | Not # | |
| | 5. Certificate of Status Desired | | \$8.75 Additional |

| 6. Name and Address of Current Registered Agent | | | | | | |
|---|--|--|-------|--------------------------------|---|--|
| BIFERIE, ROBERT L 301 N PINE MEADOW DR STE A DEBARY, FL 32713 | | DO NOT WRITE IN THIS SPACE | | | | |
| 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. | | | | | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00 | 9. Election Campaign Finar Trust Fund Contribution. | ncing | \$5.00 May Be Added to Fees | | |
| 10. | OFFICERS AND DIREC | CTORS | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BIFERIE, ROBERT L 301 N PINE MEADOW DR STE A DEBARY, FL 32713 | | | | U00000024978 02/02/04-80087-017 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ' | THIS SPACE | |
| TITLE NAME | | | | | | |

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #